

---

# **Wisconsin Hospice Directory**

## **2002**

**August 2003**

---

***Bureau of Health Information  
Division of Health Care Financing  
Wisconsin Department of Health and Family Services***

**Suggested citation:**

Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, *Wisconsin Hospice Directory, 2002* (PHC 5362). August 2003.

## FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2002 Annual Survey of Hospices, conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Disability and Elder Services.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2002 survey represents the fourth year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. Martha Davis, Chief, Workforce and Provider Survey Section, provided supervision. John Chapin, Director, Bureau of Health Information, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information, PO Box 309, Madison, WI 53701-0309, telephone (608) 267-9055, or e-mail [connejp@dhfs.state.wi.us](mailto:connejp@dhfs.state.wi.us).

You can access this directory online at [www.dhfs.state.wi.us/provider/hospices.htm](http://www.dhfs.state.wi.us/provider/hospices.htm).

To obtain an additional copy of this directory, please send a \$5.00 check (made payable to the Division of Health Care Financing), along with a note requesting the 2002 Hospice Directory, to the following address:

Division of Health Care Financing  
Bureau of Health Information  
ATTN: Joan Gugel  
P.O. Box 309  
Madison WI 53701-0309



## TABLE OF CONTENTS

FOREWORD .....	iii
INTRODUCTION .....	vii
HOSPICE PROFILES	
A. Wisconsin Hospices .....	1
B. Out-of-State Hospices .....	52
INDICES OF HOSPICE PROFILES	
A. By County .....	63
B. By City .....	65
C. Alphabetically By Name .....	67
D. By License Number .....	69



## INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health care facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2002 were obtained from the fourth Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by the Hospice Organization and Palliative Experts (HOPE) of Wisconsin; the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing; and the Bureau of Quality Assurance, Division of Disability and Elder Services. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 59 hospices that submitted a 2002 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2002). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, gender, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Heartland Home Health Care & Hospice in Green Bay (Page 3). To calculate the number of patients served by this hospice who were age 75 to 84, divide the percentage for the age group (25.5%) by 100 (.255) and multiply the result by the total number of patients served during the year (51). The product (.255 x 51) is 13.005, which when rounded to 13 is the number of unduplicated patients age 75 to 84 served by this hospice during the 2002 calendar year.





**Regional Hospice Services Inc**  
 2101 Beaser Avenue  
 Ashland WI 54806

License Number: 526  
 County: Ashland  
 (715) 685-5151

Page 1

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 30  
 Unduplicated Patient Count for 2002: 209  
 Average Daily Census: 28  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	53.1%	Medicare	73.3%
20 to 54	8.1	(cancer)	69.9%	Self-referral	0.0	Medicaid	3.3
55 to 64	7.7	Cardiovascular		Patient's family	23.9	Medicare/Medicaid	16.7
65 to 74	27.8	disease	8.1	Hospital	16.3	Managed Care/HMO	0.0
75 to 84	31.6	Pulmonary disease	5.7	Home health agency	2.4	PACE/Partnership	0.0
85 to 94	23.4	Renal failure/		Nursing home	3.8	Private Insurance	6.7
95 & over	1.0	kidney disease	3.3	Assisted living:		Self Pay	0.0
Total Patients	209	Diabetes	0.5	Residential care		Other	0.0
		Alzheimer's disease	2.4	apt. complex	0.0	Caseload	30
Male	52.6%	AIDS	0.0	Adult family home	0.0		
Female	47.4	ALS	0.5	Community-based			
Total Patients	209	Other	9.6	res. facility	0.5	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	209	Other	0.0	Administrators	2.0
<b>TOTAL ADMISSIONS</b>	187			Total Patients	209	Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Registered Nurses	5.2
<b>TOTAL DISCHARGES</b>	181	Medicare	72.7%			Lic. Prac. Nurses	0.0
		Medicaid	4.3	<b>PATIENT DAYS BY</b>		Hospice Aides	2.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	12.8	<b>LEVEL OF CARE</b>		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.9%	Occupational Therapists	0.0
appropriate	2.2%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	9.1	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	1.1	symptom mgmt	1.0	Bereavement Counselors	0.5
another hospice	1.1	Other	0.0	Respite care	1.1	Social Workers	1.1
Revocation of		Total Admissions	187	Total Patient Days	10,272	Dietary	0.0
hospice benefit	4.4					Volunteer Coordinator	0.3
Other	0.6	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Chaplain	0.0
Deaths	91.7	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Clerical/Office Support	3.7
Total Discharges	181	Private residence	71.7%	Private residence	93.3%	Other	0.0
		Nursing home	16.9	Nursing home	6.7	Total FTEs	14.9
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
<b>LENGTH OF STAY</b>		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	27.1%	Residential care		Residential care			
8 - 14 days	18.8	apt. complex	0.6	apt. complex	0.0	Volunteers who served	
15 - 30 days	15.5	Adult family home	0.0	Adult family home	0.0	patients of the	
31 - 60 days	17.1	Community-based		Community-based		hospice in 2002:	175
61 - 90 days	9.9	res. facility	0.6	res. facility	0.0		
91 - 180 days	3.9	Inpatient facility	10.2	Inpatient facility	0.0	Total hours of	
181 days - 1 year	5.5	Other site	0.0	Other site	0.0	service provided	
1 year or more	2.2	Total Deaths	166	Caseload	30	during 2002 by these	
Total Discharges	181					volunteers:	3,426

**Lakeview Medical Center**  
212 South Main Street  
Rice Lake WI 54868

License Number: 555  
County: Barron  
(715) 236-6256

Page 2

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 9  
Unduplicated Patient Count for 2002: 71  
Average Daily Census: 12  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	40.8%	Medicare	44.4%
20 to 54	8.5	(cancer)	63.4%	Self-referral	1.4	Medicaid	22.2
55 to 64	18.3	Cardiovascular		Patient's family	2.8	Medicare/Medicaid	0.0
65 to 74	28.2	disease	11.3	Hospital	43.7	Managed Care/HMO	11.1
75 to 84	21.1	Pulmonary disease	11.3	Home health agency	11.3	PACE/Partnership	0.0
85 to 94	22.5	Renal failure/		Nursing home	0.0	Private Insurance	22.2
95 & over	1.4	kidney disease	2.8	Assisted living:		Self Pay	0.0
Total Patients	71	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.8	apt. complex	0.0	Caseload	9
Male	56.3%	AIDS	0.0	Adult family home	0.0		
Female	43.7	ALS	1.4	Community-based			
Total Patients	71	Other	7.0	res. facility	0.0		
		Total Patients	71	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	71			Total Patients	71	Administrators	0.5
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	65	Medicare	73.2%			Registered Nurses	2.0
		Medicaid	4.2	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.4
Hospice care not		Managed Care/HMO	1.4	Routine home care	96.5%	Physical Therapists	0.0
appropriate	3.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	21.1	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	2.9	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.6	Bereavement Counselors	0.1
Revocation of		Total Admissions	71	Total Patient Days	4,258	Social Workers	0.4
hospice benefit	12.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.4
Deaths	84.6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	65	Private residence	80.0%	Private residence	100.0%	Clerical/Office Support	0.3
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	13.8	Community-based		Community-based		patients of the	
31 - 60 days	16.9	res. facility	3.6	res. facility	0.0	hospice in 2002:	35
61 - 90 days	10.8	Inpatient facility	16.4	Inpatient facility	0.0	Total hours of	
91 - 180 days	9.2	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	9.2	Total Deaths	55	Caseload	9	during 2002 by these	
1 year or more	0.0					volunteers:	1,880
Total Discharges	65						

**Heartland Home Health Care & Hospice**  
 2050 Riverside Drive, 1st Floor  
 Green Bay WI 54301

License Number: 2005  
 County: Brown  
 (920) 436-9380

Page 3

Ownership of Hospice:	Proprietary Corporation	December 31, 2002 Caseload:	20
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	51
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	20
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	3.9%	Medicare	70.0%
20 to 54	2.0	(cancer)	21.6%	Self-referral	0.0	Medicaid	0.0
55 to 64	2.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	30.0
65 to 74	11.8	disease	27.5	Hospital	9.8	Managed Care/HMO	0.0
75 to 84	25.5	Pulmonary disease	5.9	Home health agency	3.9	PACE/Partnership	0.0
85 to 94	45.1	Renal failure/		Nursing home	52.9	Private Insurance	0.0
95 & over	13.7	kidney disease	5.9	Assisted living:		Self Pay	0.0
Total Patients	51	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	25.5	apt. complex	0.0	Caseload	20
Male	39.2%	AIDS	0.0	Adult family home	0.0		
Female	60.8	ALS	0.0	Community-based			
Total Patients	51	Other	13.7	res. facility	27.5		
		Total Patients	51	Other	2.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	53			Total Patients	51	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	34	Medicare	60.4%			Registered Nurses	2.2
		Medicaid	1.9	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	35.8	<b>LEVEL OF CARE</b>		Hospice Aides	1.8
Hospice care not		Managed Care/HMO	0.0	Routine home care	92.2%	Physical Therapists	0.0
appropriate	5.9%	PACE/Partnership	0.0	Continuous care	7.8	Occupational Therapists	0.0
Transferred:		Private Insurance	1.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.1
Revocation of		Total Admissions	53	Total Patient Days	7,250	Social Workers	1.0
hospice benefit	2.9					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.3
Deaths	91.2	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.0
Total Discharges	34	Private residence	19.4%	Private residence	10.0%	Clerical/Office Support	1.0
		Nursing home	48.4	Nursing home	50.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	8.3
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.5%	apt. complex	3.2	apt. complex	0.0		
8 - 14 days	20.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	26.5	Community-based		Community-based		patients of the	
31 - 60 days	5.9	res. facility	29.0	res. facility	40.0	hospice in 2002:	6
61 - 90 days	8.8	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	8.8	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	2.9	Total Deaths	31	Caseload	20	service provided	
1 year or more	2.9					during 2002 by these	
Total Discharges	34					volunteers:	105

**Unity Hospice**  
 916 Willard Drive, Suite 100  
 Green Bay WI 54324

License Number: 1503  
 County: Brown  
 (920) 494-0225

Page 4

Ownership of Hospice:	Limited Liability Partnership	December 31, 2002 Caseload:	137
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	875
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	136
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.7%	Malignant neoplasm 51.8%	Physician 25.9%	Medicare 78.8%
20 to 54 10.2	(cancer)	Self-referral 5.0	Medicaid 2.9
55 to 64 12.5	Cardiovascular	Patient's family 19.5	Medicare/Medicaid 2.9
65 to 74 19.1	disease 17.8	Hospital 36.5	Managed Care/HMO 0.0
75 to 84 32.2	Pulmonary disease 5.9	Home health agency 1.0	PACE/Partnership 0.0
85 to 94 22.2	Renal failure/	Nursing home 7.9	Private Insurance 12.4
95 & over 3.2	kidney disease 2.7	Assisted living:	Self Pay 2.9
Total Patients 875	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 3.4	apt. complex 0.7	Caseload 137
Male 48.0%	AIDS 0.0	Adult family home 0.0	
Female 52.0	ALS 0.6	Community-based	
Total Patients 875	Other 17.7	res. facility 3.0	<b>STAFFING FTEs*</b>
	Total Patients 875	Other 0.5	Administrators 6.0
<b>TOTAL ADMISSIONS 780</b>		Total Patients 875	Physicians 0.3
	<b>ADMISSIONS BY PAY SOURCE</b>		Registered Nurses 20.9
<b>TOTAL DISCHARGES 779</b>	Medicare 68.7%	<b>PATIENT DAYS BY LEVEL OF CARE</b>	Lic. Prac. Nurses 4.8
	Medicaid 3.1	Routine home care 97.5%	Hospice Aides 8.2
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 8.5	Continuous care 0.0	Physical Therapists 0.0
Hospice care not appropriate 3.1%	Managed Care/HMO 0.0	Inpatient care: acute	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	symptom mgmt 1.8	Speech/Language
care provided by another hospice 0.0	Private Insurance 14.7	Respite care 0.6	Pathologists 0.0
Revocation of hospice benefit 10.8	Self Pay 5.0	Total Patient Days 49,734	Bereavement Counselors 2.4
Other 0.0	Other 0.0		Social Workers 8.1
Deaths 86.1	Total Admissions 780		Dietary 0.0
Total Discharges 779		<b>CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS</b>	Volunteer Coordinator 1.0
	<b>DEATHS BY SITE OF OCCURRENCE</b>	Private residence 72.3%	Chaplain 1.8
	Private residence 55.1%	Nursing home 9.5	Clerical/Office Support 5.0
	Nursing home 14.6	Hospice res. fac. 0.0	Other 1.0
	Hospice res. fac. 0.0	Assisted living:	Total FTEs 59.4
<b>DISCHARGES BY LENGTH OF STAY</b>	Assisted living:	Residential care	* Full-time equivalents
1 - 7 days 24.0%	Residential care	apt. complex 2.2	Volunteers who served
8 - 14 days 16.9	apt. complex 0.1	Adult family home 0.0	patients of the
15 - 30 days 16.2	Adult family home 0.0	Community-based	hospice in 2002: 133
31 - 60 days 15.9	Community-based	res. facility 12.4	
61 - 90 days 7.8	res. facility 8.8	Inpatient facility 3.6	Total hours of
91 - 180 days 11.6	Inpatient facility 21.3	Other site 0.0	service provided
181 days - 1 year 4.7	Other site 0.0	Caseload 137	during 2002 by these
1 year or more 2.8	Total Deaths 671		volunteers: 11,595
Total Discharges 779			

VNA of Wisconsin Hospice-Green Bay  
931 Discovery Road  
Green Bay WI 54311

License Number: 2004  
County: Brown  
(920) 288-5100

Page 5

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 14  
Unduplicated Patient Count for 2002: 87  
Average Daily Census: 8  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	2.3%	Malignant neoplasm		Physician	74.7%	Medicare	64.3%
20 to 54	3.4	(cancer)	42.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	13.8	Cardiovascular		Patient's family	8.0	Medicare/Medicaid	0.0
65 to 74	21.8	disease	19.5	Hospital	4.6	Managed Care/HMO	0.0
75 to 84	27.6	Pulmonary disease	11.5	Home health agency	4.6	PACE/Partnership	0.0
85 to 94	26.4	Renal failure/		Nursing home	8.0	Private Insurance	0.0
95 & over	4.6	kidney disease	2.3	Assisted living:		Self Pay	35.7
Total Patients	87	Diabetes	1.1	Residential care		Other	0.0
		Alzheimer's disease	6.9	apt. complex	0.0	Caseload	14
Male	48.3%	AIDS	0.0	Adult family home	0.0		
Female	51.7	ALS	2.3	Community-based			
Total Patients	87	Other	13.8	res. facility	0.0		
		Total Patients	87	Other	0.0		
TOTAL ADMISSIONS	84			Total Patients	87		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	73	Medicare	81.0%			Administrators	1.0
		Medicaid	4.8			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	6.5
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.1
appropriate	2.7%	PACE/Partnership	0.0	Routine home care	97.8%	Hospice Aides	3.5
Transferred:		Private Insurance	14.3	Continuous care	0.0	Physical Therapists	1.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	1.4	Other	0.0	symptom mgmt	1.9	Speech/Language	
Revocation of		Total Admissions	84	Respite care	0.3	Pathologists	0.0
hospice benefit	1.4			Total Patient Days	2,756	Bereavement Counselors	0.1
Other	0.0					Social Workers	1.1
Deaths	94.5	DEATHS BY SITE		CASELOAD ON 12/31/02		Dietary	0.0
Total Discharges	73	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.1
		Private residence	50.7%	Private residence	64.3%	Chaplain	1.0
		Nursing home	14.5	Nursing home	7.1	Clerical/Office Support	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	14.4
		Residential care		Residential care			
1 - 7 days	37.0%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	19.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	20.5	Community-based		Community-based		patients of the	
31 - 60 days	11.0	res. facility	8.7	res. facility	14.3	hospice in 2002:	
61 - 90 days	2.7	Inpatient facility	15.9	Inpatient facility	14.3	18	
91 - 180 days	5.5	Other site	10.1	Other site	0.0	Total hours of	
181 days - 1 year	4.1	Total Deaths	69	Caseload	14	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	73					volunteers:	
						147	

**Calumet County Hospice Agency**  
 206 Court Street  
 Chilton WI 53014

License Number: 557  
 County: Calumet  
 (920) 849-1424

Page 6

Ownership of Hospice: Governmental County  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 0  
 Unduplicated Patient Count for 2002: 12  
 Average Daily Census: 1  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	25.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	66.7%	Self-referral	0.0	Medicaid	0.0
55 to 64	25.0	Cardiovascular		Patient's family	8.3	Medicare/Medicaid	0.0
65 to 74	8.3	disease	25.0	Hospital	25.0	Managed Care/HMO	0.0
75 to 84	50.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	8.3	Renal failure/		Nursing home	41.7	Private Insurance	0.0
95 & over	8.3	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	12	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	8.3	apt. complex	0.0	Caseload	0
Male	41.7%	AIDS	0.0	Adult family home	0.0		
Female	58.3	ALS	0.0	Community-based			
Total Patients	12	Other	0.0	res. facility	0.0		
		Total Patients	12	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	13			Total Patients	12	Administrators	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	14	Medicare	92.3%			Registered Nurses	0.0
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	7.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	7.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	13	Total Patient Days	322	Social Workers	0.0
hospice benefit	14.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	78.6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	14	Private residence	63.6%	Private residence	0.0%	Clerical/Office Support	0.0
		Nursing home	36.4	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.0
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	42.9%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	7.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	28.6	Community-based		Community-based		patients of the	
31 - 60 days	7.1	res. facility	0.0	res. facility	0.0	hospice in 2002:	4
61 - 90 days	14.3	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	0.0	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	0.0	Total Deaths	11	Caseload	0	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	14					volunteers:	31

**Calumet Medical Center Hospice**  
 451 East Brooklyn  
 Chilton WI 53014

License Number: 554  
 County: Calumet  
 (920) 849-7505

Page 7

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 6  
 Unduplicated Patient Count for 2002: 32  
 Average Daily Census: 5  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	40.6%	Medicare	83.3%
20 to 54	0.0	(cancer)	71.9%	Self-referral	3.1	Medicaid	0.0
55 to 64	12.5	Cardiovascular		Patient's family	12.5	Medicare/Medicaid	16.7
65 to 74	25.0	disease	9.4	Hospital	12.5	Managed Care/HMO	0.0
75 to 84	40.6	Pulmonary disease	3.1	Home health agency	12.5	PACE/Partnership	0.0
85 to 94	21.9	Renal failure/		Nursing home	18.8	Private Insurance	0.0
95 & over	0.0	kidney disease	6.3	Assisted living:		Self Pay	0.0
Total Patients	32	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.3	apt. complex	0.0	Caseload	6
Male	43.8%	AIDS	0.0	Adult family home	0.0		
Female	56.3	ALS	0.0	Community-based			
Total Patients	32	Other	3.1	res. facility	0.0		
		Total Patients	32	Other	0.0		
<b>TOTAL ADMISSIONS</b>	31			Total Patients	32		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL DISCHARGES</b>	27	Medicare	83.9%			Administrators	0.4
		Medicaid	0.0			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	0.8
Hospice care not		Managed Care/HMO	0.0	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	7.4%	PACE/Partnership	0.0	Routine home care	95.3%	Hospice Aides	1.1
Transferred:		Private Insurance	16.1	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	31	Respite care	4.7	Pathologists	0.0
hospice benefit	0.0			Total Patient Days	1,677	Bereavement Counselors	0.5
Other	3.7					Social Workers	0.2
Deaths	88.9	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.1
Total Discharges	27	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.1
		Private residence	62.5%	Private residence	83.3%	Chaplain	0.1
		Nursing home	29.2	Nursing home	16.7	Clerical/Office Support	1.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	4.2
		Residential care		Residential care			
1 - 7 days	33.3%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	11.1	Adult family home	4.2	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.5	Community-based		Community-based		patients of the	
31 - 60 days	3.7	res. facility	4.2	res. facility	0.0	hospice in 2002:	17
61 - 90 days	14.8	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
91 - 180 days	11.1	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	7.4	Total Deaths	24	Caseload	6	during 2002 by these	
1 year or more	0.0					volunteers:	514
Total Discharges	27						

**St. Joseph's Hospice**  
 2661 County Highway I  
 Chippewa Falls WI 54729

License Number: 1524  
 County: Chippewa  
 (715) 726-3485

Page 8

Ownership of Hospice: Nonprofit Church  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 12  
 Unduplicated Patient Count for 2002: 143  
 Average Daily Census: 16  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	1.4%	Malignant neoplasm		Physician	45.5%	Medicare	66.7%
20 to 54	7.0	(cancer)	64.3%	Self-referral	1.4	Medicaid	0.0
55 to 64	14.0	Cardiovascular		Patient's family	4.9	Medicare/Medicaid	25.0
65 to 74	18.9	disease	7.7	Hospital	29.4	Managed Care/HMO	0.0
75 to 84	33.6	Pulmonary disease	8.4	Home health agency	9.8	PACE/Partnership	0.0
85 to 94	25.2	Renal failure/		Nursing home	9.1	Private Insurance	8.3
95 & over	0.0	kidney disease	4.9	Assisted living:		Self Pay	0.0
Total Patients	143	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	6.3	apt. complex	0.0	Caseload	12
Male	53.1%	AIDS	0.0	Adult family home	0.0		
Female	46.9	ALS	0.0	Community-based			
Total Patients	143	Other	8.4	res. facility	0.0		
		Total Patients	143	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	126			Total Patients	143	Administrators	0.5
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	131	Medicare	81.7%			Registered Nurses	5.5
		Medicaid	4.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.0
Hospice care not		Managed Care/HMO	1.6	Routine home care	98.4%	Physical Therapists	0.0
appropriate	3.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.4	Pathologists	0.0
another hospice	0.8	Other	0.8	Respite care	0.2	Bereavement Counselors	0.0
Revocation of		Total Admissions	126	Total Patient Days	5,987	Social Workers	2.0
hospice benefit	0.8					Dietary	0.0
Other	1.5	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.5
Deaths	93.9	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.3
Total Discharges	131	Private residence	83.7%	Private residence	66.7%	Clerical/Office Support	1.0
		Nursing home	13.8	Nursing home	25.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	10.8
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	35.9%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	17.6	Community-based		Community-based		patients of the	
31 - 60 days	13.7	res. facility	0.0	res. facility	0.0	hospice in 2002:	55
61 - 90 days	7.6	Inpatient facility	2.4	Inpatient facility	8.3	Total hours of	
91 - 180 days	4.6	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	6.9	Total Deaths	123	Caseload	12	during 2002 by these	
1 year or more	0.8					volunteers:	1,634
Total Discharges	131						



**Prairie du Chien Hospice**  
 705 East Taylor Street  
 Prairie du Chien WI 53821

License Number: 1513  
 County: Crawford  
 (608) 357-2000

Page 9

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 21  
 Unduplicated Patient Count for 2002: 128  
 Average Daily Census: 17  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	63.3%	Medicare	85.7%
20 to 54	7.0	(cancer)	64.1%	Self-referral	0.0	Medicaid	9.5
55 to 64	10.2	Cardiovascular		Patient's family	5.5	Medicare/Medicaid	0.0
65 to 74	22.7	disease	21.9	Hospital	25.0	Managed Care/HMO	0.0
75 to 84	33.6	Pulmonary disease	2.3	Home health agency	0.8	PACE/Partnership	0.0
85 to 94	25.8	Renal failure/		Nursing home	4.7	Private Insurance	4.8
95 & over	0.8	kidney disease	2.3	Assisted living:		Self Pay	0.0
Total Patients	128	Diabetes	0.8	Residential care		Other	0.0
		Alzheimer's disease	1.6	apt. complex	0.0	Caseload	21
Male	50.8%	AIDS	0.0	Adult family home	0.0		
Female	49.2	ALS	0.8	Community-based			
Total Patients	128	Other	6.3	res. facility	0.0		
		Total Patients	128	Other	0.8		
<b>TOTAL ADMISSIONS</b>	115			Total Patients	128		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING FTEs*</b>	
<b>TOTAL DISCHARGES</b>	112	Medicare	83.5%			Administrators	2.0
		Medicaid	4.3			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	4.4
Hospice care not		Managed Care/HMO	0.0	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	4.5%	PACE/Partnership	0.0	Routine home care	94.2%	Hospice Aides	0.6
Transferred:		Private Insurance	11.3	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.9	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.0	symptom mgmt	5.2	Speech/Language	
Revocation of		Total Admissions	115	Respite care	0.6	Pathologists	0.0
hospice benefit	4.5			Total Patient Days	6,363	Bereavement Counselors	0.2
Other	0.0					Social Workers	1.3
Deaths	91.1	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	112	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.1
		Private residence	29.4%	Private residence	66.7%	Chaplain	0.0
		Nursing home	20.6	Nursing home	19.0	Clerical/Office Support	1.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	9.4
		Residential care		Residential care			
1 - 7 days	27.7%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	18.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	15.2	Community-based		Community-based		patients of the	
31 - 60 days	12.5	res. facility	0.0	res. facility	0.0	hospice in 2002:	
61 - 90 days	8.0	Inpatient facility	41.2	Inpatient facility	14.3	49	
91 - 180 days	12.5	Other site	8.8	Other site	0.0	Total hours of	
181 days - 1 year	4.5	Total Deaths	102	Caseload	21	service provided	
1 year or more	0.9					during 2002 by these	
Total Discharges	112					volunteers:	
						961	

**Hospicecare Inc**  
5395 East Cheryl Parkway  
Madison WI 53711

License Number: 1505  
County: Dane  
(608) 276-4660

Page 10

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 178  
Unduplicated Patient Count for 2002: 1,274  
Average Daily Census: 173  
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	37.0%	Medicare	66.9%
20 to 54	10.2	(cancer)	57.5%	Self-referral	1.0	Medicaid	3.4
55 to 64	11.8	Cardiovascular		Patient's family	15.7	Medicare/Medicaid	15.2
65 to 74	19.9	disease	11.0	Hospital	35.3	Managed Care/HMO	7.3
75 to 84	32.1	Pulmonary disease	6.0	Home health agency	1.7	PACE/Partnership	0.0
85 to 94	22.1	Renal failure/		Nursing home	2.3	Private Insurance	6.2
95 & over	3.4	kidney disease	2.2	Assisted living:		Self Pay	0.0
Total Patients	1,274	Diabetes	0.2	Residential care		Other	1.1
		Alzheimer's disease	7.1	apt. complex	0.0	Caseload	178
Male	42.8%	AIDS	0.5	Adult family home	0.0		
Female	57.2	ALS	0.9	Community-based			
Total Patients	1,274	Other	14.5	res. facility	4.0		
		Total Patients	1,274	Other	3.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	1,163			Total Patients	1,274	Administrators	9.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.8
<b>TOTAL DISCHARGES</b>	1,153	Medicare	63.5%			Registered Nurses	44.8
		Medicaid	3.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	6.3
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	11.1	<b>LEVEL OF CARE</b>		Hospice Aides	13.0
Hospice care not		Managed Care/HMO	11.9	Routine home care	92.1%	Physical Therapists	0.0
appropriate	3.2%	PACE/Partnership	0.2	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.3	symptom mgmt	7.3	Pathologists	0.0
another hospice	0.3	Other	1.4	Respite care	0.6	Bereavement Counselors	6.1
Revocation of		Total Admissions	1,163	Total Patient Days	63,187	Social Workers	10.3
hospice benefit	3.1					Dietary	0.0
Other	4.2	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	2.9
Deaths	89.2	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	2.4
Total Discharges	1,153	Private residence	35.9%	Private residence	64.0%	Clerical/Office Support	29.4
		Nursing home	8.3	Nursing home	6.2	Other	5.0
		Hospice res. fac.	1.7	Hospice res. fac.	0.0	Total FTEs	129.9
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.6%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	16.4	Community-based		Community-based		patients of the	
31 - 60 days	14.5	res. facility	12.9	res. facility	21.9	hospice in 2002:	608
61 - 90 days	8.1	Inpatient facility	41.2	Inpatient facility	7.9	Total hours of	
91 - 180 days	11.5	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	4.7	Total Deaths	1E3	Caseload	178	during 2002 by these	
1 year or more	1.5					volunteers:	21,908
Total Discharges	1,153						

Hillside Home Care/Hospice  
709 South University Avenue  
Beaver Dam WI 53916

License Number: 1518  
County: Dodge  
(920) 887-4050

Page 11

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 17  
Unduplicated Patient Count for 2002: 100  
Average Daily Census: 13  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	52.0%	Medicare	94.1%
20 to 54	7.0	(cancer)	81.0%	Self-referral	6.0	Medicaid	0.0
55 to 64	12.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	18.0	disease	8.0	Hospital	22.0	Managed Care/HMO	0.0
75 to 84	43.0	Pulmonary disease	6.0	Home health agency	8.0	PACE/Partnership	0.0
85 to 94	16.0	Renal failure/		Nursing home	12.0	Private Insurance	5.9
95 & over	4.0	kidney disease	1.0	Assisted living:		Self Pay	0.0
Total Patients	100	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.0	apt. complex	0.0	Caseload	17
Male	44.0%	AIDS	0.0	Adult family home	0.0		
Female	56.0	ALS	1.0	Community-based			
Total Patients	100	Other	2.0	res. facility	0.0		
		Total Patients	100	Other	0.0		
				Total Patients	100		
<b>TOTAL ADMISSIONS</b>	95						
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL DISCHARGES</b>	86	Medicare	83.2%			Administrators	0.5
		Medicaid	3.2			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	2.7
Hospice care not		Managed Care/HMO	6.3	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	3.5%	PACE/Partnership	0.0	Routine home care	98.8%	Hospice Aides	2.4
Transferred:		Private Insurance	6.3	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	2.3	Other	1.1	symptom mgmt	0.6	Speech/Language	
Revocation of		Total Admissions	95	Respite care	0.6	Pathologists	0.0
hospice benefit	2.3			Total Patient Days	4,719	Bereavement Counselors	0.1
Other	0.0					Social Workers	0.7
Deaths	91.9	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	86	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.4
		Private residence	70.9%	Private residence	76.5%	Chaplain	0.0
		Nursing home	20.3	Nursing home	17.6	Clerical/Office Support	0.9
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	7.6
		Residential care		Residential care			
1 - 7 days	24.4%	apt. complex	1.3	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	14.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	20.9	Community-based		Community-based		patients of the	
31 - 60 days	16.3	res. facility	5.1	res. facility	5.9	hospice in 2002:	29
61 - 90 days	7.0	Inpatient facility	2.5	Inpatient facility	0.0		
91 - 180 days	10.5	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	7.0	Total Deaths	79	Caseload	17	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	86					volunteers:	1,194

**Northwest Wisconsin Homecare Hospice**  
 2620 Stein Boulevard, Box 2060  
 Eau Claire WI 54702

License Number: 1519  
 County: Eau Claire  
 (715) 831-0100

Page 12

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 56  
 Unduplicated Patient Count for 2002: 334  
 Average Daily Census: 53  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.3%	Malignant neoplasm		Physician	32.3%	Medicare	92.9%
20 to 54	4.2	(cancer)	52.1%	Self-referral	3.3	Medicaid	1.8
55 to 64	11.4	Cardiovascular		Patient's family	19.8	Medicare/Medicaid	0.0
65 to 74	18.3	disease	15.9	Hospital	24.3	Managed Care/HMO	0.0
75 to 84	36.2	Pulmonary disease	8.1	Home health agency	1.5	PACE/Partnership	0.0
85 to 94	25.1	Renal failure/		Nursing home	15.3	Private Insurance	5.4
95 & over	4.5	kidney disease	3.0	Assisted living:		Self Pay	0.0
Total Patients	334	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.5	apt. complex	0.0	Caseload	56
Male	43.1%	AIDS	0.3	Adult family home	0.0		
Female	56.9	ALS	0.9	Community-based			
Total Patients	334	Other	18.3	res. facility	1.8	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	334	Other	1.8	Administrators	3.9
<b>TOTAL ADMISSIONS</b>	306			Total Patients	334	Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Registered Nurses	7.6
<b>TOTAL DISCHARGES</b>	287	Medicare	82.0%	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
		Medicaid	2.9	<b>LEVEL OF CARE</b>		Hospice Aides	3.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	Routine home care	97.7%	Physical Therapists	0.1
Hospice care not		Managed Care/HMO	2.9	Continuous care	1.8	Occupational Therapists	0.1
appropriate	1.0%	PACE/Partnership	0.0	Inpatient care: acute		Speech/Language	
Transferred:		Private Insurance	0.0	symptom mgmt	0.2	Pathologists	0.0
care provided by		Self Pay	0.0	Respite care	0.4	Bereavement Counselors	0.3
another hospice	0.0	Other	12.1	Total Patient Days	19,479	Social Workers	6.0
Revocation of		Total Admissions	306			Dietary	0.0
hospice benefit	7.7			<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.1
Other	0.0	<b>DEATHS BY SITE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	2.0
Deaths	91.3	<b>OF OCCURRENCE</b>		Private residence	85.7%	Clerical/Office Support	5.1
Total Discharges	287	Private residence	66.4%	Nursing home	14.3	Other	0.0
		Nursing home	30.5	Hospice res. fac.	0.0	Total FTEs	28.2
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	29.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.8	Community-based		Community-based		patients of the	
31 - 60 days	16.4	res. facility	1.9	res. facility	0.0	hospice in 2002:	79
61 - 90 days	7.0	Inpatient facility	1.1	Inpatient facility	0.0	Total hours of	
91 - 180 days	7.7	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	5.9	Total Deaths	262	Caseload	56	during 2002 by these	
1 year or more	1.4					volunteers:	1,485
Total Discharges	287						

**St. Agnes Hospital Hospice Hope**  
 239 Trowbridge, Box 385  
 Fond du Lac WI 54936

License Number: 1512  
 County: Fond du Lac  
 (920) 923-7950

Page 13

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	44
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	438
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	54
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	26.0%	Medicare	93.2%
20 to 54	6.8	(cancer)	51.6%	Self-referral	14.8	Medicaid	0.0
55 to 64	10.3	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	19.6	disease	15.3	Hospital	42.9	Managed Care/HMO	0.0
75 to 84	33.6	Pulmonary disease	5.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	23.5	Renal failure/		Nursing home	13.2	Private Insurance	4.5
95 & over	6.2	kidney disease	3.9	Assisted living:		Self Pay	2.3
Total Patients	438	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.8	apt. complex	0.0	Caseload	44
Male	47.9%	AIDS	0.2	Adult family home	0.0		
Female	52.1	ALS	0.9	Community-based			
Total Patients	438	Other	18.0	res. facility	0.0		
		Total Patients	438	Other	3.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	440			Total Patients	438	Administrators	2.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	446	Medicare	83.4%			Registered Nurses	13.3
		Medicaid	1.8	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	11.2
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.9%	Physical Therapists	0.0
appropriate	3.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	13.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.1	symptom mgmt	0.0	Pathologists	0.0
another hospice	2.9	Other	0.7	Respite care	0.0	Bereavement Counselors	1.0
Revocation of		Total Admissions	440	Total Patient Days	19,637	Social Workers	0.8
hospice benefit	3.8					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	89.5	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	446	Private residence	49.1%	Private residence	43.2%	Clerical/Office Support	1.3
		Nursing home	17.5	Nursing home	31.8	Other	0.0
		Hospice res. fac.	24.8	Hospice res. fac.	9.1	Total FTEs	29.6
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	41.9%	apt. complex	4.3	apt. complex	13.6		
8 - 14 days	16.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.4	Community-based		Community-based		patients of the	
31 - 60 days	9.2	res. facility	3.5	res. facility	2.3	hospice in 2002:	161
61 - 90 days	6.1	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	7.0	Other site	0.8	Other site	0.0	Total hours of	
181 days - 1 year	1.3	Total Deaths	399	Caseload	44	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	446					volunteers:	11,999

**Grant County Hospice**  
111 South Jefferson Street  
Lancaster WI 53813

License Number: 516  
County: Grant  
(608) 723-6416

Page 14

Ownership of Hospice: Governmental County  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 8  
Unduplicated Patient Count for 2002: 55  
Average Daily Census: 6  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	36.4%	Medicare	75.0%
20 to 54	3.6	(cancer)	78.2%	Self-referral	5.5	Medicaid	0.0
55 to 64	14.5	Cardiovascular		Patient's family	27.3	Medicare/Medicaid	0.0
65 to 74	27.3	disease	16.4	Hospital	20.0	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	0.0	Home health agency	9.1	PACE/Partnership	0.0
85 to 94	14.5	Renal failure/		Nursing home	1.8	Private Insurance	25.0
95 & over	0.0	kidney disease	1.8	Assisted living:		Self Pay	0.0
Total Patients	55	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	8
Male	56.4%	AIDS	0.0	Adult family home	0.0		
Female	43.6	ALS	0.0	Community-based			
Total Patients	55	Other	3.6	res. facility	0.0		
		Total Patients	55	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	53			Total Patients	55	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	48	Medicare	83.0%			Registered Nurses	0.2
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.1
Hospice care not		Managed Care/HMO	5.7	Routine home care	98.5%	Physical Therapists	0.0
appropriate	2.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.4	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	1.1	Bereavement Counselors	0.2
Revocation of		Total Admissions	53	Total Patient Days	2,309	Social Workers	0.3
hospice benefit	8.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.1
Deaths	89.6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	48	Private residence	65.1%	Private residence	75.0%	Clerical/Office Support	0.1
		Nursing home	16.3	Nursing home	25.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	2.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	20.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	20.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	25.0	Community-based		Community-based		patients of the	
31 - 60 days	14.6	res. facility	0.0	res. facility	0.0	hospice in 2002:	20
61 - 90 days	8.3	Inpatient facility	18.6	Inpatient facility	0.0	Total hours of	
91 - 180 days	10.4	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	0.0	Total Deaths	43	Caseload	8	during 2002 by these	
1 year or more	0.0					volunteers:	465
Total Discharges	48						

**The Monroe Clinic Hospice**  
 515 22nd Avenue  
 Monroe WI 53566

License Number: 1523  
 County: Green  
 (608) 324-1230

Page 15

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 12  
 Unduplicated Patient Count for 2002: 115  
 Average Daily Census: 12  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	75.7%	Medicare	91.7%
20 to 54	4.3	(cancer)	50.4%	Self-referral	0.9	Medicaid	8.3
55 to 64	13.0	Cardiovascular		Patient's family	4.3	Medicare/Medicaid	0.0
65 to 74	13.9	disease	13.9	Hospital	7.0	Managed Care/HMO	0.0
75 to 84	31.3	Pulmonary disease	9.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	28.7	Renal failure/		Nursing home	9.6	Private Insurance	0.0
95 & over	8.7	kidney disease	1.7	Assisted living:		Self Pay	0.0
Total Patients	115	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	14.8	apt. complex	0.0	Caseload	12
Male	41.7%	AIDS	0.0	Adult family home	0.0		
Female	58.3	ALS	0.0	Community-based			
Total Patients	115	Other	9.6	res. facility	2.6		
		Total Patients	115	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	105			Total Patients	115	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	106	Medicare	86.7%			Registered Nurses	3.3
		Medicaid	1.9	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.8
Hospice care not		Managed Care/HMO	5.7	Routine home care	98.6%	Physical Therapists	0.0
appropriate	12.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	5.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	1.2	Bereavement Counselors	0.8
Revocation of		Total Admissions	105	Total Patient Days	4,527	Social Workers	0.8
hospice benefit	0.0					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.1
Deaths	87.7	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.1
Total Discharges	106	Private residence	50.5%	Private residence	50.0%	Clerical/Office Support	1.3
		Nursing home	24.7	Nursing home	41.7	Other	3.9
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	12.0
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	20.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	26.4	Community-based		Community-based		patients of the	
31 - 60 days	19.8	res. facility	20.4	res. facility	8.3	hospice in 2002:	35
61 - 90 days	11.3	Inpatient facility	4.3	Inpatient facility	0.0	Total hours of	
91 - 180 days	9.4	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	0.0	Total Deaths	93	Caseload	12	during 2002 by these	
1 year or more	0.0					volunteers:	2,391
Total Discharges	106						

**Upland Hills Hospice**  
800 Compassion Way  
Dodgeville WI 53533

License Number: 545  
County: Iowa  
(608) 930-7220

Page 16

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 14  
Unduplicated Patient Count for 2002: 85  
Average Daily Census: 13  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	65.9%	Medicare	71.4%
20 to 54	15.3	(cancer)	64.7%	Self-referral	1.2	Medicaid	7.1
55 to 64	9.4	Cardiovascular		Patient's family	9.4	Medicare/Medicaid	0.0
65 to 74	15.3	disease	2.4	Hospital	10.6	Managed Care/HMO	14.3
75 to 84	30.6	Pulmonary disease	8.2	Home health agency	7.1	PACE/Partnership	0.0
85 to 94	25.9	Renal failure/		Nursing home	3.5	Private Insurance	0.0
95 & over	3.5	kidney disease	4.7	Assisted living:		Self Pay	0.0
Total Patients	85	Diabetes	0.0	Residential care		Other	7.1
		Alzheimer's disease	2.4	apt. complex	0.0	Caseload	14
Male	51.8%	AIDS	0.0	Adult family home	0.0		
Female	48.2	ALS	1.2	Community-based			
Total Patients	85	Other	16.5	res. facility	0.0		
		Total Patients	85	Other	2.4		
<b>TOTAL ADMISSIONS</b>	77			Total Patients	85		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL DISCHARGES</b>	73	Medicare	70.1%			Administrators	0.4
		Medicaid	2.6	<b>PATIENT DAYS BY</b>		Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	7.8	<b>LEVEL OF CARE</b>		Registered Nurses	2.5
Hospice care not		Managed Care/HMO	9.1	Routine home care	97.8%	Lic. Prac. Nurses	0.6
appropriate	5.5%	PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.5
Transferred:		Private Insurance	7.8	Inpatient care: acute		Physical Therapists	0.0
care provided by		Self Pay	0.0	symptom mgmt	0.4	Occupational Therapists	0.0
another hospice	0.0	Other	2.6	Respite care	1.8	Speech/Language	
Revocation of		Total Admissions	77	Total Patient Days	4,809	Pathologists	0.0
hospice benefit	4.1					Bereavement Counselors	0.3
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Social Workers	0.9
Deaths	90.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Dietary	0.1
Total Discharges	73	Private residence	66.7%	Private residence	85.7%	Volunteer Coordinator	0.8
		Nursing home	24.2	Nursing home	14.3	Chaplain	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Clerical/Office Support	1.0
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:		Other	0.0
<b>LENGTH OF STAY</b>		Residential care		Residential care		Total FTEs	6.9
1 - 7 days	23.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.4	Adult family home	0.0	Adult family home	0.0	* Full-time equivalents	
15 - 30 days	19.2	Community-based		Community-based			
31 - 60 days	13.7	res. facility	1.5	res. facility	0.0	Volunteers who served	
61 - 90 days	6.8	Inpatient facility	7.6	Inpatient facility	0.0	patients of the	
91 - 180 days	12.3	Other site	0.0	Other site	0.0	hospice in 2002:	26
181 days - 1 year	5.5	Total Deaths	66	Caseload	14	Total hours of	
1 year or more	2.7					service provided	
Total Discharges	73					during 2002 by these	
						volunteers:	1,843



**Rainbow Hospice Care Inc**  
 147 West Rockwell Street  
 Jefferson WI 53549

License Number: 508  
 County: Jefferson  
 (920) 674-6255

Page 17

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 23  
 Unduplicated Patient Count for 2002: 200  
 Average Daily Census: 26  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	22.0%	Medicare	91.3%
20 to 54	6.0	(cancer)	53.0%	Self-referral	1.0	Medicaid	0.0
55 to 64	10.5	Cardiovascular		Patient's family	21.0	Medicare/Medicaid	0.0
65 to 74	15.0	disease	17.0	Hospital	36.5	Managed Care/HMO	8.7
75 to 84	33.0	Pulmonary disease	3.5	Home health agency	3.0	PACE/Partnership	0.0
85 to 94	31.0	Renal failure/		Nursing home	9.5	Private Insurance	0.0
95 & over	4.5	kidney disease	2.5	Assisted living:		Self Pay	0.0
Total Patients	200	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.0	apt. complex	0.0	Caseload	23
Male	46.0%	AIDS	0.5	Adult family home	0.0		
Female	54.0	ALS	0.0	Community-based			
Total Patients	200	Other	20.5	res. facility	5.0		
		Total Patients	200	Other	2.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	196			Total Patients	200	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	193	Medicare	78.6%			Registered Nurses	7.2
		Medicaid	2.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.8
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	4.1	<b>LEVEL OF CARE</b>		Hospice Aides	1.8
Hospice care not		Managed Care/HMO	6.1	Routine home care	97.6%	Physical Therapists	0.0
appropriate	7.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	5.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.0	symptom mgmt	0.8	Pathologists	0.0
another hospice	2.1	Other	2.6	Respite care	1.6	Bereavement Counselors	0.3
Revocation of		Total Admissions	196	Total Patient Days	9,342	Social Workers	2.4
hospice benefit	5.7					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.3
Deaths	85.0	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	193	Private residence	58.5%	Private residence	78.3%	Clerical/Office Support	3.9
		Nursing home	14.0	Nursing home	13.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	17.7
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.5%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	20.2	Community-based		Community-based		patients of the	
31 - 60 days	18.7	res. facility	12.8	res. facility	4.3	hospice in 2002:	47
61 - 90 days	7.3	Inpatient facility	14.6	Inpatient facility	4.3		
91 - 180 days	9.3	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	3.6	Total Deaths	164	Caseload	23	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	193					volunteers:	1,560

**Hospice Alliance Inc**  
600 52nd Street, Suite 300  
Kenosha WI 53140

License Number: 1502  
County: Kenosha  
(262) 652-4400

Page 18

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 56  
Unduplicated Patient Count for 2002: 340  
Average Daily Census: 49  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	28.8%	Medicare	91.1%
20 to 54	8.2	(cancer)	58.2%	Self-referral	2.4	Medicaid	1.8
55 to 64	12.1	Cardiovascular		Patient's family	19.4	Medicare/Medicaid	0.0
65 to 74	25.3	disease	14.1	Hospital	21.2	Managed Care/HMO	0.0
75 to 84	29.1	Pulmonary disease	9.4	Home health agency	1.8	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	13.8	Private Insurance	5.4
95 & over	4.7	kidney disease	3.2	Assisted living:		Self Pay	1.8
Total Patients	340	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.5	apt. complex	0.0	Caseload	56
Male	37.9%	AIDS	0.0	Adult family home	0.0		
Female	62.1	ALS	0.9	Community-based			
Total Patients	340	Other	10.6	res. facility	1.2		
		Total Patients	340	Other	11.5	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	306			Total Patients	340	Administrators	0.5
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	289	Medicare	80.7%			Registered Nurses	4.6
		Medicaid	2.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.8
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	3.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
appropriate	5.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	15.4	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	2.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.3	Other	0.0	Respite care	0.0	Bereavement Counselors	0.5
Revocation of		Total Admissions	306	Total Patient Days	17,782	Social Workers	0.5
hospice benefit	3.8					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.5
Deaths	90.0	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.3
Total Discharges	289	Private residence	49.2%	Private residence	67.9%	Clerical/Office Support	2.9
		Nursing home	48.5	Nursing home	32.1	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	13.6
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.0	Community-based		Community-based		patients of the	
31 - 60 days	12.5	res. facility	2.3	res. facility	0.0	hospice in 2002:	600
61 - 90 days	6.6	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	10.0	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	6.9	Total Deaths	260	Caseload	56	service provided	
1 year or more	5.2					during 2002 by these	
Total Discharges	289					volunteers:	4,095

**Franciscan Skemp Hospice Services**  
 212 South 11th Street  
 La Crosse WI 54601

License Number: 1507  
 County: La Crosse  
 (608) 791-9790

Page 19

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 30  
 Unduplicated Patient Count for 2002: 165  
 Average Daily Census: 27  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	50.3%	Medicare	83.3%
20 to 54	7.3	(cancer)	55.8%	Self-referral	1.2	Medicaid	0.0
55 to 64	11.5	Cardiovascular		Patient's family	3.0	Medicare/Medicaid	0.0
65 to 74	20.0	disease	22.4	Hospital	29.1	Managed Care/HMO	6.7
75 to 84	32.7	Pulmonary disease	10.9	Home health agency	3.0	PACE/Partnership	0.0
85 to 94	23.0	Renal failure/		Nursing home	12.7	Private Insurance	10.0
95 & over	5.5	kidney disease	1.2	Assisted living:		Self Pay	0.0
Total Patients	165	Diabetes	0.6	Residential care		Other	0.0
		Alzheimer's disease	2.4	apt. complex	0.0	Caseload	30
Male	46.1%	AIDS	0.6	Adult family home	0.0		
Female	53.9	ALS	0.0	Community-based			
Total Patients	165	Other	6.1	res. facility	0.6		
		Total Patients	165	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	146			Total Patients	165	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	140	Medicare	81.5%			Registered Nurses	4.6
		Medicaid	6.2	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.7%	Physical Therapists	0.0
appropriate	7.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	12.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.9	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	1.4	Bereavement Counselors	0.4
Revocation of		Total Admissions	146	Total Patient Days	9,676	Social Workers	1.0
hospice benefit	1.4					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	91.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.3
Total Discharges	140	Private residence	51.6%	Private residence	86.7%	Clerical/Office Support	1.0
		Nursing home	38.3	Nursing home	13.3	Other	0.5
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	10.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	25.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	15.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.6	Community-based		Community-based		patients of the	
31 - 60 days	12.9	res. facility	0.8	res. facility	0.0	hospice in 2002:	60
61 - 90 days	7.9	Inpatient facility	9.4	Inpatient facility	0.0	Total hours of	
91 - 180 days	8.6	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	9.3	Total Deaths	128	Caseload	30	during 2002 by these	
1 year or more	2.1					volunteers:	1,029
Total Discharges	140						

**Gunderson Lutheran Hospice Program**  
 811 Monitor Street, Suite 101  
 La Crosse WI 54603

License Number: 528  
 County: La Crosse  
 (608) 775-8400

Page 20

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 33  
 Unduplicated Patient Count for 2002: 215  
 Average Daily Census: 27  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	41.4%	Medicare	90.9%
20 to 54	13.5	(cancer)	58.6%	Self-referral	0.0	Medicaid	3.0
55 to 64	14.4	Cardiovascular		Patient's family	1.9	Medicare/Medicaid	0.0
65 to 74	22.3	disease	20.5	Hospital	36.3	Managed Care/HMO	0.0
75 to 84	27.9	Pulmonary disease	4.2	Home health agency	6.5	PACE/Partnership	0.0
85 to 94	19.1	Renal failure/		Nursing home	10.7	Private Insurance	3.0
95 & over	2.3	kidney disease	4.2	Assisted living:		Self Pay	0.0
Total Patients	215	Diabetes	0.0	Residential care		Other	3.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	33
Male	47.4%	AIDS	0.0	Adult family home	0.0		
Female	52.6	ALS	0.5	Community-based			
Total Patients	215	Other	12.1	res. facility	1.9		
		Total Patients	215	Other	1.4	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	194			Total Patients	215	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	187	Medicare	77.8%			Registered Nurses	7.7
		Medicaid	5.7	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	2.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.7%	Physical Therapists	0.0
appropriate	4.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	16.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	1.1	Other	0.5	Respite care	1.1	Bereavement Counselors	0.4
Revocation of		Total Admissions	194	Total Patient Days	9,987	Social Workers	1.8
hospice benefit	5.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.3
Deaths	88.8	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.7
Total Discharges	187	Private residence	68.7%	Private residence	90.9%	Clerical/Office Support	1.0
		Nursing home	18.7	Nursing home	6.1	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	14.8
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.3%	apt. complex	0.6	apt. complex	0.0		
8 - 14 days	17.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	19.8	Community-based		Community-based		patients of the	
31 - 60 days	16.0	res. facility	3.6	res. facility	0.0	hospice in 2002:	110
61 - 90 days	4.3	Inpatient facility	8.4	Inpatient facility	3.0	Total hours of	
91 - 180 days	10.7	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	2.1	Total Deaths	166	Caseload	33	during 2002 by these	
1 year or more	1.1					volunteers:	558
Total Discharges	187						

**Lafayette County Hospice**  
 729 Clay Street, PO Box 118  
 Darlington WI 53530

License Number: 538  
 County: Lafayette  
 (608) 776-4895

Page 21

Ownership of Hospice: Governmental County  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 5  
 Unduplicated Patient Count for 2002: 25  
 Average Daily Census: 3  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.0%	Medicare	100.0%
20 to 54	4.0	(cancer)	72.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	12.0	Cardiovascular		Patient's family	32.0	Medicare/Medicaid	0.0
65 to 74	28.0	disease	8.0	Hospital	24.0	Managed Care/HMO	0.0
75 to 84	32.0	Pulmonary disease	4.0	Home health agency	4.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	8.0	Private Insurance	0.0
95 & over	4.0	kidney disease	4.0	Assisted living:		Self Pay	0.0
Total Patients	25	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.0	apt. complex	0.0	Caseload	5
Male	68.0%	AIDS	0.0	Adult family home	0.0		
Female	32.0	ALS	0.0	Community-based			
Total Patients	25	Other	8.0	res. facility	0.0		
		Total Patients	25	Other	4.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	25			Total Patients	25	Administrators	0.1
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	21	Medicare	84.0%			Registered Nurses	0.8
		Medicaid	8.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	4.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.1%	Physical Therapists	0.0
appropriate	4.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	4.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.5	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	1.4	Bereavement Counselors	0.1
Revocation of		Total Admissions	25	Total Patient Days	939	Social Workers	0.1
hospice benefit	14.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	81.0	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	21	Private residence	64.7%	Private residence	60.0%	Clerical/Office Support	0.1
		Nursing home	17.6	Nursing home	20.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	1.2
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	23.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	28.6	Community-based		Community-based		patients of the	
31 - 60 days	9.5	res. facility	5.9	res. facility	20.0	hospice in 2002:	13
61 - 90 days	9.5	Inpatient facility	11.8	Inpatient facility	0.0	Total hours of	
91 - 180 days	14.3	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	0.0	Total Deaths	17	Caseload	5	during 2002 by these	
1 year or more	0.0					volunteers:	288
Total Discharges	21						

**Le Royer Hospice**  
112 East Fifth Avenue  
Antigo WI 54409

License Number: 524  
County: Langlade  
(715) 623-2331

Page 22

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	82
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	9
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	67.1%	Medicare	80.0%
20 to 54	7.3	(cancer)	65.9%	Self-referral	1.2	Medicaid	0.0
55 to 64	12.2	Cardiovascular		Patient's family	15.9	Medicare/Medicaid	10.0
65 to 74	20.7	disease	19.5	Hospital	6.1	Managed Care/HMO	0.0
75 to 84	34.1	Pulmonary disease	7.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	20.7	Renal failure/		Nursing home	2.4	Private Insurance	10.0
95 & over	4.9	kidney disease	2.4	Assisted living:		Self Pay	0.0
Total Patients	82	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	10
Male	39.0%	AIDS	0.0	Adult family home	0.0		
Female	61.0	ALS	0.0	Community-based			
Total Patients	82	Other	4.9	res. facility	1.2		
		Total Patients	82	Other	6.1	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	72			Total Patients	82	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	73	Medicare	79.2%			Registered Nurses	2.0
		Medicaid	1.4	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	2.8	<b>LEVEL OF CARE</b>		Hospice Aides	0.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	96.3%	Physical Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	13.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	3.6	Pathologists	0.0
another hospice	1.4	Other	2.8	Respite care	0.2	Bereavement Counselors	1.0
Revocation of		Total Admissions	72	Total Patient Days	3,125	Social Workers	1.0
hospice benefit	4.1					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	91.8	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	73	Private residence	62.7%	Private residence	90.0%	Clerical/Office Support	0.0
		Nursing home	1.5	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	38.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	23.3	Community-based		Community-based		patients of the	
31 - 60 days	6.8	res. facility	7.5	res. facility	10.0	hospice in 2002:	24
61 - 90 days	2.7	Inpatient facility	28.4	Inpatient facility	0.0	Total hours of	
91 - 180 days	6.8	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	1.4	Total Deaths	67	Caseload	10	during 2002 by these	
1 year or more	8.2					volunteers:	1,800
Total Discharges	73						

**Holy Family Memorial Hospice**  
333 Reed Avenue, PO Box 1450  
Manitowoc WI 54221

License Number: 1527  
County: Manitowoc  
(920) 683-8437

Page 23

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	6
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	74
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 52.7%	Physician 44.6%	Medicare 83.3%
20 to 54 5.4	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 12.2	Cardiovascular	Patient's family 20.3	Medicare/Medicaid 0.0
65 to 74 25.7	disease 24.3	Hospital 29.7	Managed Care/HMO 0.0
75 to 84 28.4	Pulmonary disease 5.4	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 28.4	Renal failure/	Nursing home 4.1	Private Insurance 16.7
95 & over 0.0	kidney disease 6.8	Assisted living:	Self Pay 0.0
Total Patients 74	Diabetes 1.4	Residential care	Other 0.0
	Alzheimer's disease 1.4	apt. complex 0.0	Caseload 6
Male 56.8%	AIDS 0.0	Adult family home 0.0	
Female 43.2	ALS 0.0	Community-based	
Total Patients 74	Other 8.1	res. facility 0.0	
	Total Patients 74	Other 1.4	
<b>TOTAL ADMISSIONS</b> 70		Total Patients 74	
<b>TOTAL DISCHARGES</b> 68	<b>ADMISSIONS BY PAY SOURCE</b>		<b>STAFFING FTEs*</b>
	Medicare 82.9%		Administrators 0.2
	Medicaid 0.0		Physicians 0.0
	Medicare/Medicaid 0.0		Registered Nurses 1.4
<b>REASON FOR DISCHARGE</b>	Managed Care/HMO 1.4	<b>PATIENT DAYS BY LEVEL OF CARE</b>	Lic. Prac. Nurses 0.0
Hospice care not appropriate 1.5%	PACE/Partnership 0.0	Routine home care 100.0%	Hospice Aides 0.3
Transferred:	Private Insurance 14.3	Continuous care 0.0	Physical Therapists 0.0
care provided by	Self Pay 1.4	Inpatient care: acute symptom mgmt 0.0	Occupational Therapists 0.0
another hospice 0.0	Other 0.0	Respite care 0.0	Speech/Language Pathologists 0.0
Revocation of hospice benefit 1.5	Total Admissions 70	Total Patient Days 1,679	Bereavement Counselors 0.1
Other 0.0			Social Workers 0.3
Deaths 97.1	<b>DEATHS BY SITE OF OCCURRENCE</b>	<b>CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS</b>	Dietary 0.0
Total Discharges 68	Private residence 75.8%	Private residence 83.3%	Volunteer Coordinator 0.3
	Nursing home 18.2	Nursing home 0.0	Chaplain 0.2
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Clerical/Office Support 0.2
<b>DISCHARGES BY LENGTH OF STAY</b>	Assisted living:	Assisted living:	Other 0.0
1 - 7 days 36.8%	Residential care	Residential care	Total FTEs 2.8
8 - 14 days 25.0	apt. complex 0.0	apt. complex 0.0	
15 - 30 days 17.6	Adult family home 0.0	Adult family home 0.0	
31 - 60 days 11.8	Community-based	Community-based	
61 - 90 days 4.4	res. facility 6.1	res. facility 16.7	
91 - 180 days 2.9	Inpatient facility 0.0	Inpatient facility 0.0	
181 days - 1 year 1.5	Other site 0.0	Other site 0.0	
1 year or more 0.0	Total Deaths 66	Caseload 6	
Total Discharges 68			

\* Full-time equivalents

Volunteers who served patients of the hospice in 2002: 11

Total hours of service provided during 2002 by these volunteers: 366

**Manitowoc County Community Hospice**  
 1004 Washington Street  
 Manitowoc WI 54220

License Number: 1508  
 County: Manitowoc  
 (920) 684-7155

Page 24

Ownership of Hospice:	Proprietary Corporation	December 31, 2002 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	25
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	4
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 36.0%	Physician 8.0%	Medicare 100.0%
20 to 54 4.0	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 4.0	Cardiovascular	Patient's family 28.0	Medicare/Medicaid 0.0
65 to 74 12.0	disease 28.0	Hospital 0.0	Managed Care/HMO 0.0
75 to 84 32.0	Pulmonary disease 8.0	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 44.0	Renal failure/	Nursing home 0.0	Private Insurance 0.0
95 & over 4.0	kidney disease 4.0	Assisted living:	Self Pay 0.0
Total Patients 25	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 12.0	apt. complex 4.0	Caseload 4
Male 36.0%	AIDS 0.0	Adult family home 0.0	
Female 64.0	ALS 0.0	Community-based	
Total Patients 25	Other 12.0	res. facility 60.0	
	Total Patients 25	Other 0.0	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 21</b>		Total Patients 25	Administrators 0.1
	<b>ADMISSIONS BY PAY SOURCE</b>		Physicians 0.1
<b>TOTAL DISCHARGES 22</b>	Medicare 90.5%		Registered Nurses 0.4
	Medicaid 0.0	<b>PATIENT DAYS BY</b>	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	<b>LEVEL OF CARE</b>	Hospice Aides 0.4
Hospice care not appropriate 9.1%	Managed Care/HMO 0.0	Routine home care 100.0%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Occupational Therapists 0.0
care provided by	Private Insurance 9.5	Inpatient care: acute	Speech/Language
another hospice 0.0	Self Pay 0.0	symptom mgmt 0.0	Pathologists 0.0
Revocation of	Other 0.0	Respite care 0.0	Bereavement Counselors 0.0
hospice benefit 9.1	Total Admissions 21	Total Patient Days 1,452	Social Workers 0.1
Other 0.0			Dietary 0.0
Deaths 81.8	<b>DEATHS BY SITE</b>	<b>CASELOAD ON 12/31/02</b>	Volunteer Coordinator 0.0
Total Discharges 22	<b>OF OCCURRENCE</b>	<b>BY LIVING ARRANGEMENTS</b>	Chaplain 0.1
	Private residence 33.3%	Private residence 0.0%	Clerical/Office Support 0.1
	Nursing home 5.6	Nursing home 0.0	Other 0.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 1.2
<b>DISCHARGES BY</b>	Assisted living:	Assisted living:	
<b>LENGTH OF STAY</b>	Residential care	Residential care	* Full-time equivalents
1 - 7 days 36.4%	apt. complex 5.6	apt. complex 0.0	
8 - 14 days 13.6	Adult family home 0.0	Adult family home 0.0	Volunteers who served
15 - 30 days 9.1	Community-based	Community-based	patients of the
31 - 60 days 22.7	res. facility 55.6	res. facility 100.0	hospice in 2002: 4
61 - 90 days 4.5	Inpatient facility 0.0	Inpatient facility 0.0	
91 - 180 days 9.1	Other site 0.0	Other site 0.0	Total hours of
181 days - 1 year 4.5	Total Deaths 18	Caseload 4	service provided
1 year or more 0.0			during 2002 by these
Total Discharges 22			volunteers: 536



**Comfort Care & Hospice Services**  
 333 Pine Ridge Boulevard  
 Wausau WI 54401

License Number: 1514  
 County: Marathon  
 (715) 847-2707

Page 25

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 84  
 Unduplicated Patient Count for 2002: 507  
 Average Daily Census: 65  
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	80.5%	Medicare	69.0%
20 to 54	6.3	(cancer)	57.0%	Self-referral	1.6	Medicaid	1.2
55 to 64	6.5	Cardiovascular		Patient's family	12.2	Medicare/Medicaid	17.9
65 to 74	21.9	disease	11.6	Hospital	0.4	Managed Care/HMO	0.0
75 to 84	31.6	Pulmonary disease	7.5	Home health agency	0.2	PACE/Partnership	0.0
85 to 94	30.4	Renal failure/		Nursing home	1.8	Private Insurance	2.4
95 & over	2.8	kidney disease	4.1	Assisted living:		Self Pay	9.5
Total Patients	507	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.6	apt. complex	0.0	Caseload	84
Male	50.7%	AIDS	0.0	Adult family home	0.0		
Female	49.3	ALS	0.4	Community-based			
Total Patients	507	Other	16.8	res. facility	1.2		
		Total Patients	507	Other	2.2	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	453			Total Patients	507	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	439	Medicare	81.7%			Registered Nurses	25.5
		Medicaid	0.4	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	5.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	11.3	<b>LEVEL OF CARE</b>		Hospice Aides	12.8
Hospice care not		Managed Care/HMO	0.0	Routine home care	94.0%	Physical Therapists	0.0
appropriate	1.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	6.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.7	symptom mgmt	5.9	Pathologists	0.0
another hospice	0.2	Other	0.0	Respite care	0.0	Bereavement Counselors	0.8
Revocation of		Total Admissions	453	Total Patient Days	23,796	Social Workers	4.3
hospice benefit	4.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.8
Deaths	94.1	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.0
Total Discharges	439	Private residence	21.8%	Private residence	44.0%	Clerical/Office Support	4.5
		Nursing home	21.5	Nursing home	26.2	Other	0.8
		Hospice res. fac.	7.0	Hospice res. fac.	7.1	Total FTEs	56.4
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	37.8%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	15.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	10.3	Community-based		Community-based		patients of the	
31 - 60 days	16.4	res. facility	15.3	res. facility	16.7	hospice in 2002:	239
61 - 90 days	8.2	Inpatient facility	34.4	Inpatient facility	6.0		
91 - 180 days	7.5	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	2.5	Total Deaths	413	Caseload	84	service provided	
1 year or more	1.6					during 2002 by these	
Total Discharges	439					volunteers:	14,766

**Heartland Home Health Care & Hospice**  
 13255 West Bluemound Road, #100  
 Brookfield WI 53005

License Number: 2003  
 County: Milwaukee  
 (262) 334-5775

Page 26

Ownership of Hospice:	Proprietary Corporation	December 31, 2002 Caseload:	52
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	318
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	47
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	29.2%	Medicare	98.1%
20 to 54	2.8	(cancer)	39.9%	Self-referral	0.0	Medicaid	1.9
55 to 64	6.6	Cardiovascular		Patient's family	7.2	Medicare/Medicaid	0.0
65 to 74	16.7	disease	17.9	Hospital	13.8	Managed Care/HMO	0.0
75 to 84	31.4	Pulmonary disease	6.6	Home health agency	0.9	PACE/Partnership	0.0
85 to 94	35.8	Renal failure/		Nursing home	39.9	Private Insurance	0.0
95 & over	6.6	kidney disease	3.8	Assisted living:		Self Pay	0.0
Total Patients	318	Diabetes	0.9	Residential care		Other	0.0
		Alzheimer's disease	11.6	apt. complex	0.0	Caseload	52
Male	48.4%	AIDS	0.3	Adult family home	0.3		
Female	51.6	ALS	0.9	Community-based			
Total Patients	318	Other	17.9	res. facility	5.3		
		Total Patients	318	Other	3.1	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	289			Total Patients	318	Administrators	2.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	272	Medicare	81.7%			Registered Nurses	8.6
		Medicaid	1.7	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	1.7
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	13.5	<b>LEVEL OF CARE</b>		Hospice Aides	7.8
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.7%	Physical Therapists	0.0
appropriate	4.0%	PACE/Partnership	0.0	Continuous care	1.2	Occupational Therapists	0.0
Transferred:		Private Insurance	2.4	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.3	symptom mgmt	1.0	Pathologists	0.0
another hospice	1.8	Other	0.3	Respite care	0.1	Bereavement Counselors	0.6
Revocation of		Total Admissions	289	Total Patient Days	17,177	Social Workers	1.6
hospice benefit	2.9					Dietary	0.2
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.7
Deaths	91.2	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.3
Total Discharges	272	Private residence	36.7%	Private residence	30.8%	Clerical/Office Support	3.0
		Nursing home	50.8	Nursing home	53.8	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	27.4
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	11.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	16.9	Community-based		Community-based		patients of the	
31 - 60 days	13.6	res. facility	8.9	res. facility	13.5	hospice in 2002:	15
61 - 90 days	9.6	Inpatient facility	3.6	Inpatient facility	1.9		
91 - 180 days	11.4	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	6.3	Total Deaths	248	Caseload	52	service provided	
1 year or more	2.2					during 2002 by these	
Total Discharges	272					volunteers:	1,248

**Horizon Home Care & Hospice Inc**  
 8949 North Deerbrook Trail  
 Brown Deer WI 53223

License Number: 525  
 County: Milwaukee  
 (414) 365-8300

Page 27

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 63  
 Unduplicated Patient Count for 2002: 668  
 Average Daily Census: 78  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.9%	Malignant neoplasm		Physician	25.4%	Medicare	92.1%
20 to 54	8.4	(cancer)	57.3%	Self-referral	0.6	Medicaid	0.0
55 to 64	12.6	Cardiovascular		Patient's family	1.6	Medicare/Medicaid	0.0
65 to 74	19.2	disease	15.1	Hospital	59.3	Managed Care/HMO	3.2
75 to 84	30.5	Pulmonary disease	7.6	Home health agency	7.5	PACE/Partnership	0.0
85 to 94	22.6	Renal failure/		Nursing home	3.3	Private Insurance	4.8
95 & over	5.8	kidney disease	4.6	Assisted living:		Self Pay	0.0
Total Patients	668	Diabetes	6.4	Residential care		Other	0.0
		Alzheimer's disease	8.4	apt. complex	0.0	Caseload	63
Male	47.8%	AIDS	0.0	Adult family home	0.0		
Female	52.2	ALS	0.1	Community-based			
Total Patients	668	Other	0.3	res. facility	2.2		
		Total Patients	668	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	632			Total Patients	668	Administrators	2.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	623	Medicare	80.5%			Registered Nurses	8.5
		Medicaid	4.4	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.6
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.5	<b>LEVEL OF CARE</b>		Hospice Aides	1.0
Hospice care not		Managed Care/HMO	0.9	Routine home care	93.0%	Physical Therapists	0.0
appropriate	6.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	12.8	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	6.7	Pathologists	0.0
another hospice	5.8	Other	0.8	Respite care	0.3	Bereavement Counselors	1.9
Revocation of		Total Admissions	632	Total Patient Days	28,419	Social Workers	2.2
hospice benefit	4.5					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.5
Deaths	83.5	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	2.8
Total Discharges	623	Private residence	59.2%	Private residence	93.7%	Clerical/Office Support	1.5
		Nursing home	3.8	Nursing home	3.2	Other	0.0
		Hospice res. fac.	1.2	Hospice res. fac.	0.0	Total FTEs	21.0
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	33.7%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	17.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.5	Community-based		Community-based		patients of the	
31 - 60 days	12.0	res. facility	1.9	res. facility	0.0	hospice in 2002:	16
61 - 90 days	6.3	Inpatient facility	33.8	Inpatient facility	3.2	Total hours of	
91 - 180 days	7.2	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	3.5	Total Deaths	520	Caseload	63	during 2002 by these	
1 year or more	1.3					volunteers:	1,569
Total Discharges	623						

**Hospice Preferred Choice**

4861 South 27th Street  
Greenfield WI 53221

License Number: 549  
County: Milwaukee  
(414) 282-4041

Page 28

Ownership of Hospice:	Proprietary Corporation	December 31, 2002 Caseload:	67
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	398
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	63
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 23.9%	Physician 7.5%	Medicare 43.3%
20 to 54 2.3	(cancer)	Self-referral 4.0	Medicaid 1.5
55 to 64 3.5	Cardiovascular	Patient's family 4.5	Medicare/Medicaid 53.7
65 to 74 9.8	disease 13.1	Hospital 5.0	Managed Care/HMO 0.0
75 to 84 30.9	Pulmonary disease 4.0	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 45.0	Renal failure/	Nursing home 70.6	Private Insurance 1.5
95 & over 8.5	kidney disease 2.3	Assisted living:	Self Pay 0.0
Total Patients 398	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 26.4	apt. complex 1.3	Caseload 67
Male 40.5%	AIDS 0.5	Adult family home 0.0	
Female 59.5	ALS 0.0	Community-based	
Total Patients 398	Other 29.9	res. facility 7.0	
	Total Patients 398	Other 0.0	
<b>TOTAL ADMISSIONS</b> 348		Total Patients 398	
<b>TOTAL DISCHARGES</b> 341	<b>ADMISSIONS BY PAY SOURCE</b>		<b>STAFFING FTEs*</b>
	Medicare 39.7%		Administrators 1.0
	Medicaid 3.4		Physicians 0.0
	Medicare/Medicaid 55.7		Registered Nurses 9.2
<b>REASON FOR DISCHARGE</b>	Managed Care/HMO 0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>	Lic. Prac. Nurses 0.0
Hospice care not appropriate 12.0%	PACE/Partnership 0.0	Routine home care 99.9%	Hospice Aides 5.6
Transferred:	Private Insurance 0.9	Continuous care 0.0	Physical Therapists 0.0
care provided by	Self Pay 0.3	Inpatient care: acute symptom mgmt 0.0	Occupational Therapists 0.0
another hospice 2.3	Other 0.0	Respite care 0.0	Speech/Language Pathologists 0.0
Revocation of hospice benefit 9.4	Total Admissions 348	Total Patient Days 23,066	Bereavement Counselors 0.5
Other 0.0			Social Workers 2.0
Deaths 76.2	<b>DEATHS BY SITE OF OCCURRENCE</b>	<b>CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS</b>	Dietary 0.1
Total Discharges 341	Private residence 6.5%	Private residence 9.0%	Volunteer Coordinator 1.0
	Nursing home 90.8	Nursing home 77.6	Chaplain 1.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Clerical/Office Support 3.0
	Assisted living:	Assisted living:	Other 2.0
	Residential care	Residential care	Total FTEs 25.3
1 - 7 days 27.3%	apt. complex 0.4	apt. complex 1.5	
8 - 14 days 10.9	Adult family home 0.0	Adult family home 0.0	
15 - 30 days 18.8	Community-based	Community-based	
31 - 60 days 11.1	res. facility 2.3	res. facility 11.9	
61 - 90 days 10.6	Inpatient facility 0.0	Inpatient facility 0.0	
91 - 180 days 14.1	Other site 0.0	Other site 0.0	
181 days - 1 year 6.2	Total Deaths 260	Caseload 67	
1 year or more 1.2			
Total Discharges 341			
			* Full-time equivalents
			Volunteers who served patients of the hospice in 2002: 20
			Total hours of service provided during 2002 by these volunteers: 1,513

**Covenant Hospice/Palliative Care**  
 9688 West Appleton Avenue  
 Milwaukee WI 53225

License Number: 556  
 County: Milwaukee  
 (414) 535-7070

Page 29

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 65  
 Unduplicated Patient Count for 2002: 582  
 Average Daily Census: 57  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	1.7%	Malignant neoplasm		Physician	42.6%	Medicare	78.5%
20 to 54	9.5	(cancer)	64.6%	Self-referral	0.0	Medicaid	6.2
55 to 64	12.9	Cardiovascular		Patient's family	0.5	Medicare/Medicaid	1.5
65 to 74	19.6	disease	14.4	Hospital	34.5	Managed Care/HMO	12.3
75 to 84	32.1	Pulmonary disease	6.0	Home health agency	4.1	PACE/Partnership	0.0
85 to 94	21.3	Renal failure/		Nursing home	12.7	Private Insurance	1.5
95 & over	2.9	kidney disease	2.1	Assisted living:		Self Pay	0.0
Total Patients	582	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.2	apt. complex	0.0	Caseload	65
Male	49.8%	AIDS	0.2	Adult family home	0.0		
Female	50.2	ALS	0.0	Community-based			
Total Patients	582	Other	10.5	res. facility	0.5		
		Total Patients	582	Other	5.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	556			Total Patients	582	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	537	Medicare	79.7%			Registered Nurses	8.8
		Medicaid	1.8	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	2.7	<b>LEVEL OF CARE</b>		Hospice Aides	4.5
Hospice care not		Managed Care/HMO	14.0	Routine home care	99.0%	Physical Therapists	0.0
appropriate	3.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	1.6	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.2	symptom mgmt	0.7	Pathologists	0.0
another hospice	5.2	Other	0.0	Respite care	0.3	Bereavement Counselors	0.5
Revocation of		Total Admissions	556	Total Patient Days	20,777	Social Workers	3.6
hospice benefit	9.5					Dietary	0.0
Other	0.9	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.0
Deaths	81.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.0
Total Discharges	537	Private residence	95.9%	Private residence	89.2%	Clerical/Office Support	2.0
		Nursing home	3.2	Nursing home	7.7	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	22.4
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	27.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	20.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	21.4	Community-based		Community-based		patients of the	
31 - 60 days	12.8	res. facility	0.5	res. facility	1.5	hospice in 2002:	34
61 - 90 days	6.1	Inpatient facility	0.5	Inpatient facility	1.5		
91 - 180 days	8.0	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	3.2	Total Deaths	437	Caseload	65	service provided	
1 year or more	0.4					during 2002 by these	
Total Discharges	537					volunteers:	1,481

**Ruth Hospice**  
8526 West Mill Road  
Milwaukee WI 53225

License Number: 2002  
County: Milwaukee  
(414) 607-4710

Page 30

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? No  
Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 13  
Unduplicated Patient Count for 2002: 211  
Average Daily Census: 15  
Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	1.4%	Medicare	84.6%
20 to 54	0.9	(cancer)	63.0%	Self-referral	11.8	Medicaid	0.0
55 to 64	8.1	Cardiovascular		Patient's family	6.6	Medicare/Medicaid	0.0
65 to 74	22.7	disease	10.9	Hospital	44.1	Managed Care/HMO	0.0
75 to 84	40.3	Pulmonary disease	9.0	Home health agency	25.6	PACE/Partnership	0.0
85 to 94	24.6	Renal failure/		Nursing home	7.1	Private Insurance	15.4
95 & over	3.3	kidney disease	2.4	Assisted living:		Self Pay	0.0
Total Patients	211	Diabetes	0.5	Residential care		Other	0.0
		Alzheimer's disease	2.4	apt. complex	1.9	Caseload	13
Male	43.1%	AIDS	0.0	Adult family home	0.0		
Female	56.9	ALS	0.5	Community-based			
Total Patients	211	Other	11.4	res. facility	1.4		
		Total Patients	211	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	195			Total Patients	211	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	198	Medicare	95.9%			Registered Nurses	7.2
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.8
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	6.4
Hospice care not		Managed Care/HMO	0.0	Routine home care	79.7%	Physical Therapists	0.0
appropriate	2.5%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	4.1	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	19.2	Pathologists	0.0
another hospice	1.5	Other	0.0	Respite care	1.1	Bereavement Counselors	0.3
Revocation of		Total Admissions	195	Total Patient Days	5,415	Social Workers	0.8
hospice benefit	0.5					Dietary	1.4
Other	3.5	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.3
Deaths	91.9	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.8
Total Discharges	198	Private residence	0.0%	Private residence	0.0%	Clerical/Office Support	0.8
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	72.0	Hospice res. fac.	84.6	Total FTEs	19.7
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	48.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.7	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.2	Community-based		Community-based		patients of the	
31 - 60 days	11.6	res. facility	0.0	res. facility	0.0	hospice in 2002:	33
61 - 90 days	2.0	Inpatient facility	28.0	Inpatient facility	15.4	Total hours of	
91 - 180 days	2.0	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	1.5	Total Deaths	182	Caseload	13	during 2002 by these	
1 year or more	0.0					volunteers:	2,252
Total Discharges	198						

**St. Mary's Hospice**  
 Box 503, 2350 North Lake Drive  
 Milwaukee WI 53211

License Number: 521  
 County: Milwaukee  
 (414) 291-1240

Page 31

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? No  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 0  
 Unduplicated Patient Count for 2002: 368  
 Average Daily Census: 8  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	44.6%	Medicare	0.0%
20 to 54	15.8	(cancer)	61.1%	Self-referral	28.0	Medicaid	0.0
55 to 64	15.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	16.0	disease	13.0	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	31.3	Pulmonary disease	2.4	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	16.3	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	5.2	kidney disease	1.6	Assisted living:		Self Pay	0.0
Total Patients	368	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	0
Male	49.2%	AIDS	1.1	Adult family home	0.0		
Female	50.8	ALS	0.0	Community-based			
Total Patients	368	Other	20.7	res. facility	0.0		
		Total Patients	368	Other	27.4		
<b>TOTAL ADMISSIONS</b>	363			Total Patients	368		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL DISCHARGES</b>	368	Medicare	24.2%			Administrators	1.0
		Medicaid	1.1			Physicians	1.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	12.8
Hospice care not		Managed Care/HMO	68.9	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	0.5%	PACE/Partnership	0.0	Routine home care	0.0%	Hospice Aides	1.4
Transferred:		Private Insurance	0.0	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	10.1	Other	5.8	symptom mgmt	91.3	Speech/Language	
Revocation of		Total Admissions	363	Respite care	8.7	Pathologists	0.0
hospice benefit	0.0			Total Patient Days	2,998	Bereavement Counselors	0.2
Other	16.8					Social Workers	0.3
Deaths	72.6	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	368	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.2
		Private residence	0.0%	Private residence	0.0%	Chaplain	0.5
		Nursing home	0.0	Nursing home	0.0	Clerical/Office Support	1.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	18.4
		Residential care		Residential care			
1 - 7 days	66.8%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	16.6	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	12.2	Community-based		Community-based		patients of the	
31 - 60 days	3.5	res. facility	0.0	res. facility	0.0	hospice in 2002:	14
61 - 90 days	0.8	Inpatient facility	100.0	Inpatient facility	0.0	Total hours of	
91 - 180 days	0.0	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	0.0	Total Deaths	267	Caseload	0	during 2002 by these	
1 year or more	0.0					volunteers:	1,851
Total Discharges	368						

**VNA of Wisconsin Hospice**  
1133 West National Avenue  
Milwaukee WI 53227

License Number: 1528  
County: Milwaukee  
(414) 327-2295

Page 32

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 116  
Unduplicated Patient Count for 2002: 1,128  
Average Daily Census: 91  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	2.9%	Malignant neoplasm		Physician	29.2%	Medicare	73.3%
20 to 54	9.8	(cancer)	59.8%	Self-referral	8.7	Medicaid	7.8
55 to 64	11.2	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.9
65 to 74	18.3	disease	14.5	Hospital	28.6	Managed Care/HMO	0.0
75 to 84	31.6	Pulmonary disease	6.8	Home health agency	26.8	PACE/Partnership	0.0
85 to 94	23.7	Renal failure/		Nursing home	4.3	Private Insurance	17.2
95 & over	2.6	kidney disease	2.6	Assisted living:		Self Pay	0.9
Total Patients	1,128	Diabetes	0.1	Residential care		Other	0.0
		Alzheimer's disease	4.9	apt. complex	0.0	Caseload	116
Male	45.9%	AIDS	0.1	Adult family home	0.0		
Female	54.1	ALS	0.0	Community-based			
Total Patients	1,128	Other	11.2	res. facility	0.0		
		Total Patients	1,128	Other	2.4		
<b>TOTAL ADMISSIONS</b>	1,044			Total Patients	1,128		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING FTEs*</b>	
<b>TOTAL DISCHARGES</b>	1,030	Medicare	78.4%			Administrators	4.0
		Medicaid	4.3			Physicians	0.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	12.3
Hospice care not		Managed Care/HMO	0.6	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	1.0
appropriate	6.8%	PACE/Partnership	0.0	Routine home care	98.2%	Hospice Aides	9.4
Transferred:		Private Insurance	15.5	Continuous care	0.3	Physical Therapists	0.0
care provided by		Self Pay	1.2	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.9	Other	0.0	symptom mgmt	1.3	Speech/Language	
Revocation of		Total Admissions	1,044	Respite care	0.2	Pathologists	0.0
hospice benefit	1.0			Total Patient Days	33,113	Bereavement Counselors	2.0
Other	0.0					Social Workers	2.1
Deaths	91.4	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	1,030	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	1.8
		Private residence	73.5%	Private residence	81.9%	Chaplain	1.0
		Nursing home	3.4	Nursing home	5.2	Clerical/Office Support	3.0
		Hospice res. fac.	20.2	Hospice res. fac.	0.9	Other	2.0
		Assisted living:		Assisted living:		Total FTEs	38.6
		Residential care		Residential care			
1 - 7 days	35.0%	apt. complex	0.4	apt. complex	2.6	* Full-time equivalents	
8 - 14 days	18.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	16.5	Community-based		Community-based		patients of the	
31 - 60 days	14.2	res. facility	1.3	res. facility	7.8	hospice in 2002:	
61 - 90 days	6.1	Inpatient facility	1.2	Inpatient facility	1.7	174	
91 - 180 days	6.5	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	2.9	Total Deaths	941	Caseload	116	service provided	
1 year or more	0.8					during 2002 by these	
Total Discharges	1,030					volunteers:	
						5,828	



Vitas Healthcare Corporation of Wisconsin  
2675 North Mayfair Road, Suite 480  
Wauwatosa WI 53226

License Number: 547  
County: Milwaukee  
(414) 257-2600

Page 33

Ownership of Hospice:	Proprietary Corporation	December 31, 2002 Caseload:	123
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	915
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	136
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 41.4%	Physician 29.5%	Medicare 95.1%
20 to 54 3.4	(cancer)	Self-referral 0.0	Medicaid 0.8
55 to 64 5.2	Cardiovascular	Patient's family 1.6	Medicare/Medicaid 0.0
65 to 74 33.4	disease 12.0	Hospital 15.3	Managed Care/HMO 0.0
75 to 84 35.0	Pulmonary disease 6.8	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 21.4	Renal failure/	Nursing home 51.5	Private Insurance 4.1
95 & over 1.5	kidney disease 2.6	Assisted living:	Self Pay 0.0
Total Patients 915	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 11.0	apt. complex 1.2	Caseload 123
Male 36.7%	AIDS 0.0	Adult family home 0.0	
Female 63.3	ALS 0.4	Community-based	
Total Patients 915	Other 25.7	res. facility 0.9	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 803</b>	Total Patients 915	Other 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Total Patients 915	Physicians 0.5
<b>TOTAL DISCHARGES 794</b>	Medicare 87.8%		Registered Nurses 23.6
	Medicaid 2.9	<b>PATIENT DAYS BY</b>	Lic. Prac. Nurses 14.4
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	<b>LEVEL OF CARE</b>	Hospice Aides 16.5
Hospice care not appropriate 5.9%	Managed Care/HMO 0.2	Routine home care 94.7%	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 2.3	Occupational Therapists 0.0
care provided by	Private Insurance 8.3	Inpatient care: acute	Speech/Language
another hospice 1.1	Self Pay 0.2	symptom mgmt 2.9	Pathologists 0.1
Revocation of	Other 0.5	Respite care 0.1	Bereavement Counselors 0.6
hospice benefit 5.0	Total Admissions 803	Total Patient Days 49,586	Social Workers 3.8
Other 0.0			Dietary 0.0
Deaths 87.9	<b>DEATHS BY SITE</b>	<b>CASELOAD ON 12/31/02</b>	Volunteer Coordinator 0.6
Total Discharges 794	<b>OF OCCURRENCE</b>	<b>BY LIVING ARRANGEMENTS</b>	Chaplain 3.2
	Private residence 32.2%	Private residence 39.8%	Clerical/Office Support 6.9
	Nursing home 47.9	Nursing home 50.4	Other 3.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Total FTEs 74.0
<b>DISCHARGES BY</b>	Assisted living:	Assisted living:	* Full-time equivalents
<b>LENGTH OF STAY</b>	Residential care	Residential care	
1 - 7 days 33.6%	apt. complex 0.0	apt. complex 4.1	Volunteers who served
8 - 14 days 15.2	Adult family home 0.0	Adult family home 0.0	patients of the
15 - 30 days 14.4	Community-based	Community-based	hospice in 2002: 42
31 - 60 days 11.7	res. facility 0.4	res. facility 4.9	
61 - 90 days 6.2	Inpatient facility 19.5	Inpatient facility 0.8	Total hours of
91 - 180 days 10.3	Other site 0.0	Other site 0.0	service provided
181 days - 1 year 5.3	Total Deaths 698	Caseload 123	during 2002 by these
1 year or more 3.3			volunteers: 1,081
Total Discharges 794			

**Odyssey Healthcare of Milwaukee Inc**  
 10150 West National Avenue, Suite 200  
 West Allis WI 53227

License Number: 553  
 County: Milwaukee  
 (214) 922-9711

Page 34

Ownership of Hospice:	Proprietary Partnership	December 31, 2002 Caseload:	140
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	706
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	144
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	2.7%	Medicare	35.0%
20 to 54	2.0	(cancer)	19.4%	Self-referral	0.8	Medicaid	0.0
55 to 64	2.8	Cardiovascular		Patient's family	2.5	Medicare/Medicaid	64.3
65 to 74	9.8	disease	17.1	Hospital	2.4	Managed Care/HMO	0.0
75 to 84	28.0	Pulmonary disease	4.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	45.9	Renal failure/		Nursing home	86.1	Private Insurance	0.0
95 & over	11.5	kidney disease	3.1	Assisted living:		Self Pay	0.0
Total Patients	706	Diabetes	0.1	Residential care		Other	0.7
		Alzheimer's disease	26.2	apt. complex	3.5	Caseload	140
Male	30.6%	AIDS	0.1	Adult family home	0.0		
Female	69.4	ALS	0.3	Community-based			
Total Patients	706	Other	29.3	res. facility	0.0		
		Total Patients	706	Other	1.8	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	578			Total Patients	706	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	577	Medicare	23.4%			Registered Nurses	15.0
		Medicaid	2.9	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	2.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	72.8	<b>LEVEL OF CARE</b>		Hospice Aides	11.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.9%	Physical Therapists	0.0
appropriate	4.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	0.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	1.0	Other	0.0	Respite care	0.0	Bereavement Counselors	1.0
Revocation of		Total Admissions	578	Total Patient Days	52,522	Social Workers	4.0
hospice benefit	5.0					Dietary	0.4
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.0
Deaths	89.1	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	3.1
Total Discharges	577	Private residence	11.9%	Private residence	30.0%	Clerical/Office Support	9.0
		Nursing home	87.0	Nursing home	64.3	Other	4.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	51.4
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	31.9%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	13.9	Community-based		Community-based		patients of the	
31 - 60 days	9.7	res. facility	0.0	res. facility	5.7	hospice in 2002:	49
61 - 90 days	6.8	Inpatient facility	1.2	Inpatient facility	0.0	Total hours of	
91 - 180 days	9.0	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	8.8	Total Deaths	514	Caseload	140	during 2002 by these	
1 year or more	6.9					volunteers:	242
Total Discharges	577						

**Hospice Touch**  
300 Butts Avenue  
Tomah WI 54660

License Number: 531  
County: Monroe  
(608) 374-0250

Page 35

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 20  
Unduplicated Patient Count for 2002: 115  
Average Daily Census: 15  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	56.5%	Medicare	95.0%
20 to 54	9.6	(cancer)	73.9%	Self-referral	2.6	Medicaid	0.0
55 to 64	14.8	Cardiovascular		Patient's family	18.3	Medicare/Medicaid	0.0
65 to 74	26.1	disease	7.8	Hospital	18.3	Managed Care/HMO	0.0
75 to 84	33.0	Pulmonary disease	7.0	Home health agency	3.5	PACE/Partnership	0.0
85 to 94	14.8	Renal failure/		Nursing home	0.0	Private Insurance	5.0
95 & over	1.7	kidney disease	3.5	Assisted living:		Self Pay	0.0
Total Patients	115	Diabetes	0.9	Residential care		Other	0.0
		Alzheimer's disease	2.6	apt. complex	0.0	Caseload	20
Male	56.5%	AIDS	0.9	Adult family home	0.0		
Female	43.5	ALS	0.9	Community-based			
Total Patients	115	Other	2.6	res. facility	0.0		
		Total Patients	115	Other	0.9	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	106			Total Patients	115	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	98	Medicare	79.2%			Registered Nurses	4.9
		Medicaid	4.7	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	1.3
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	1.9	<b>LEVEL OF CARE</b>		Hospice Aides	5.8
Hospice care not		Managed Care/HMO	0.9	Routine home care	99.3%	Physical Therapists	0.0
appropriate	5.1%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.4	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.9	symptom mgmt	0.4	Pathologists	0.0
another hospice	3.1	Other	0.9	Respite care	0.4	Bereavement Counselors	0.2
Revocation of		Total Admissions	106	Total Patient Days	5,393	Social Workers	1.0
hospice benefit	10.2					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.0
Deaths	81.6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.1
Total Discharges	98	Private residence	57.5%	Private residence	90.0%	Clerical/Office Support	1.0
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	37.5	Hospice res. fac.	10.0	Total FTEs	16.2
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	18.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	23.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	16.3	Community-based		Community-based		patients of the	
31 - 60 days	17.3	res. facility	0.0	res. facility	0.0	hospice in 2002:	88
61 - 90 days	7.1	Inpatient facility	5.0	Inpatient facility	0.0	Total hours of	
91 - 180 days	14.3	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	3.1	Total Deaths	80	Caseload	20	during 2002 by these	
1 year or more	0.0					volunteers:	1,100
Total Discharges	98						

**Dr. Kate Hospice**  
240 Maple Street, PO Box 770  
Woodruff WI 54568

License Number: 1509  
County: Oneida  
(715) 356-8805

Page 36

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	35
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	173
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	20
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	51.4%	Medicare	88.6%
20 to 54	7.5	(cancer)	56.1%	Self-referral	0.0	Medicaid	0.0
55 to 64	9.8	Cardiovascular		Patient's family	2.3	Medicare/Medicaid	0.0
65 to 74	21.4	disease	18.5	Hospital	30.1	Managed Care/HMO	0.0
75 to 84	32.9	Pulmonary disease	4.6	Home health agency	5.2	PACE/Partnership	0.0
85 to 94	24.9	Renal failure/		Nursing home	3.5	Private Insurance	8.6
95 & over	3.5	kidney disease	2.9	Assisted living:		Self Pay	2.9
Total Patients	173	Diabetes	1.2	Residential care		Other	0.0
		Alzheimer's disease	3.5	apt. complex	0.0	Caseload	35
Male	44.5%	AIDS	0.6	Adult family home	0.0		
Female	55.5	ALS	1.7	Community-based			
Total Patients	173	Other	11.0	res. facility	0.0		
		Total Patients	173	Other	7.5	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	158			Total Patients	173	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	143	Medicare	86.7%			Registered Nurses	5.7
		Medicaid	2.5	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	8.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.4%	Physical Therapists	0.0
appropriate	4.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.3	symptom mgmt	0.2	Pathologists	0.0
another hospice	1.4	Other	1.3	Respite care	0.4	Bereavement Counselors	1.1
Revocation of		Total Admissions	158	Total Patient Days	7,379	Social Workers	2.0
hospice benefit	0.7					Dietary	0.0
Other	3.5	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.2
Deaths	89.5	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.7
Total Discharges	143	Private residence	58.6%	Private residence	60.0%	Clerical/Office Support	2.0
		Nursing home	10.2	Nursing home	8.6	Other	0.0
		Hospice res. fac.	19.5	Hospice res. fac.	8.6	Total FTEs	21.6
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	30.1%	apt. complex	0.0	apt. complex	2.9		
8 - 14 days	18.2	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	10.5	Community-based		Community-based		patients of the	
31 - 60 days	15.4	res. facility	9.4	res. facility	8.6	hospice in 2002:	162
61 - 90 days	7.0	Inpatient facility	2.3	Inpatient facility	0.0		
91 - 180 days	10.5	Other site	0.0	Other site	11.4	Total hours of	
181 days - 1 year	5.6	Total Deaths	128	Caseload	35	service provided	
1 year or more	2.8					during 2002 by these	
Total Discharges	143					volunteers:	8,686

Ministry Home Care Inc  
2501 Main Street, Suite A  
Stevens Point WI 54481

License Number: 503  
County: Portage  
(715) 346-5355

Page 37

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	23
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	146
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	22
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 0.7%	Malignant neoplasm 56.8%	Physician 61.0%	Medicare 82.6%
20 to 54 14.4	(cancer)	Self-referral 0.7	Medicaid 0.0
55 to 64 3.4	Cardiovascular	Patient's family 14.4	Medicare/Medicaid 13.0
65 to 74 21.2	disease 12.3	Hospital 11.0	Managed Care/HMO 4.3
75 to 84 32.9	Pulmonary disease 5.5	Home health agency 1.4	PACE/Partnership 0.0
85 to 94 22.6	Renal failure/	Nursing home 4.8	Private Insurance 0.0
95 & over 4.8	kidney disease 2.7	Assisted living:	Self Pay 0.0
Total Patients 146	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 8.2	apt. complex 0.0	Caseload 23
Male 53.4%	AIDS 0.0	Adult family home 0.0	
Female 46.6	ALS 1.4	Community-based	
Total Patients 146	Other 13.0	res. facility 4.8	
	Total Patients 146	Other 2.1	
TOTAL ADMISSIONS 128		Total Patients 146	
TOTAL DISCHARGES 129	ADMISSIONS BY PAY SOURCE		STAFFING FTEs*
	Medicare 71.1%		Administrators 1.0
	Medicaid 0.8		Physicians 0.0
REASON FOR DISCHARGE	Medicare/Medicaid 9.4	PATIENT DAYS BY	Registered Nurses 4.0
Hospice care not	Managed Care/HMO 4.7	LEVEL OF CARE	Lic. Prac. Nurses 0.0
appropriate 4.7%	PACE/Partnership 0.0	Routine home care 98.4%	Hospice Aides 1.0
Transferred:	Private Insurance 12.5	Continuous care 0.0	Physical Therapists 0.0
care provided by	Self Pay 1.6	Inpatient care: acute	Occupational Therapists 0.0
another hospice 3.1	Other 0.0	symptom mgmt 1.2	Speech/Language
Revocation of	Total Admissions 128	Respite care 0.5	Pathologists 0.0
hospice benefit 4.7		Total Patient Days 8,127	Bereavement Counselors 1.0
Other 0.0	DEATHS BY SITE		Social Workers 1.6
Deaths 87.6	OF OCCURRENCE	CASELOAD ON 12/31/02	Dietary 0.0
Total Discharges 129	Private residence 56.6%	BY LIVING ARRANGEMENTS	Volunteer Coordinator 1.0
	Nursing home 15.0	Private residence 56.5%	Chaplain 0.6
	Hospice res. fac. 0.0	Nursing home 17.4	Clerical/Office Support 1.0
	Assisted living:	Hospice res. fac. 0.0	Other 0.0
	Residential care	Assisted living:	Total FTEs 11.2
1 - 7 days 24.8%	apt. complex 0.0	Residential care	
8 - 14 days 8.5	Adult family home 0.0	apt. complex 0.0	
15 - 30 days 20.2	Community-based	Adult family home 0.0	
31 - 60 days 17.8	res. facility 14.2	Community-based	
61 - 90 days 4.7	Inpatient facility 13.3	res. facility 26.1	
91 - 180 days 10.9	Other site 0.9	Inpatient facility 0.0	
181 days - 1 year 5.4	Total Deaths 113	Other site 0.0	
1 year or more 7.8		Caseload 23	
Total Discharges 129			

\* Full-time equivalents

Volunteers who served  
patients of the  
hospice in 2002: 63

Total hours of  
service provided  
during 2002 by these  
volunteers: 2,115

**Flambeau Home Health & Hospice**  
 133 North Lake Avenue  
 Phillips WI 54555

License Number: 552  
 County: Price  
 (715) 339-4371

Page 38

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 9  
 Unduplicated Patient Count for 2002: 56  
 Average Daily Census: 10  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	33.9%	Medicare	88.9%
20 to 54	1.8	(cancer)	55.4%	Self-referral	0.0	Medicaid	11.1
55 to 64	5.4	Cardiovascular		Patient's family	8.9	Medicare/Medicaid	0.0
65 to 74	25.0	disease	7.1	Hospital	44.6	Managed Care/HMO	0.0
75 to 84	42.9	Pulmonary disease	26.8	Home health agency	8.9	PACE/Partnership	0.0
85 to 94	21.4	Renal failure/		Nursing home	3.6	Private Insurance	0.0
95 & over	3.6	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	56	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.8	apt. complex	0.0	Caseload	9
Male	66.1%	AIDS	0.0	Adult family home	0.0		
Female	33.9	ALS	0.0	Community-based			
Total Patients	56	Other	8.9	res. facility	0.0		
		Total Patients	56	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	48			Total Patients	56	Administrators	0.4
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	49	Medicare	83.3%			Registered Nurses	2.9
		Medicaid	2.1	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	10.4	<b>LEVEL OF CARE</b>		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	97.8%	Physical Therapists	0.0
appropriate	12.2%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	4.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.0	Pathologists	0.0
another hospice	2.0	Other	0.0	Respite care	1.2	Bereavement Counselors	0.5
Revocation of		Total Admissions	48	Total Patient Days	3,708	Social Workers	1.5
hospice benefit	2.0					Dietary	0.1
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.5
Deaths	83.7	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	49	Private residence	73.2%	Private residence	88.9%	Clerical/Office Support	0.5
		Nursing home	9.8	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	6.9
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	10.2%	apt. complex	0.0	apt. complex	11.1		
8 - 14 days	14.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	30.6	Community-based		Community-based		patients of the	
31 - 60 days	10.2	res. facility	0.0	res. facility	0.0	hospice in 2002:	35
61 - 90 days	8.2	Inpatient facility	17.1	Inpatient facility	0.0	Total hours of	
91 - 180 days	16.3	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	8.2	Total Deaths	41	Caseload	9	during 2002 by these	
1 year or more	2.0					volunteers:	2,096
Total Discharges	49						

**Beloit Regional Hospice Inc**  
 2958 Prairie Avenue  
 Beloit WI 53511

License Number: 1525  
 County: Rock  
 (608) 363-7421

Page 39

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 17  
 Unduplicated Patient Count for 2002: 176  
 Average Daily Census: 30  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	21.6%	Medicare	88.2%
20 to 54	5.7	(cancer)	50.6%	Self-referral	1.1	Medicaid	0.0
55 to 64	13.1	Cardiovascular		Patient's family	27.8	Medicare/Medicaid	0.0
65 to 74	20.5	disease	15.9	Hospital	32.4	Managed Care/HMO	0.0
75 to 84	30.7	Pulmonary disease	5.7	Home health agency	3.4	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Nursing home	5.7	Private Insurance	5.9
95 & over	4.5	kidney disease	2.3	Assisted living:		Self Pay	5.9
Total Patients	176	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	8.5	apt. complex	0.6	Caseload	17
Male	43.8%	AIDS	0.0	Adult family home	0.0		
Female	56.3	ALS	0.0	Community-based			
Total Patients	176	Other	17.0	res. facility	6.8		
		Total Patients	176	Other	0.6	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	147			Total Patients	176	Administrators	3.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	160	Medicare	83.0%			Registered Nurses	3.8
		Medicaid	3.4	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.2
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	4.9
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.8%	Physical Therapists	0.0
appropriate	8.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	2.7	symptom mgmt	0.1	Pathologists	0.0
another hospice	1.3	Other	0.0	Respite care	0.2	Bereavement Counselors	0.8
Revocation of		Total Admissions	147	Total Patient Days	10,887	Social Workers	2.9
hospice benefit	0.0					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.0
Deaths	90.0	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	160	Private residence	68.8%	Private residence	76.5%	Clerical/Office Support	3.3
		Nursing home	13.2	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	19.8
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	24.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	16.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	13.8	Community-based		Community-based		patients of the	
31 - 60 days	16.9	res. facility	17.4	res. facility	23.5	hospice in 2002:	107
61 - 90 days	6.3	Inpatient facility	0.7	Inpatient facility	0.0	Total hours of	
91 - 180 days	10.6	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	8.1	Total Deaths	144	Caseload	17	during 2002 by these	
1 year or more	3.8					volunteers:	4,869
Total Discharges	160						

**Mercy Assisted Care Inc**  
 901 Mineral Point Avenue  
 Janesville WI 53545

License Number: 544  
 County: Rock  
 (608) 754-2201

Page 40

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 15  
 Unduplicated Patient Count for 2002: 113  
 Average Daily Census: 13  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	30.1%	Medicare	100.0%
20 to 54	4.4	(cancer)	56.6%	Self-referral	1.8	Medicaid	0.0
55 to 64	14.2	Cardiovascular		Patient's family	8.8	Medicare/Medicaid	0.0
65 to 74	25.7	disease	15.0	Hospital	45.1	Managed Care/HMO	0.0
75 to 84	31.9	Pulmonary disease	7.1	Home health agency	6.2	PACE/Partnership	0.0
85 to 94	15.9	Renal failure/		Nursing home	2.7	Private Insurance	0.0
95 & over	8.0	kidney disease	3.5	Assisted living:		Self Pay	0.0
Total Patients	113	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.5	apt. complex	0.0	Caseload	15
Male	50.4%	AIDS	0.9	Adult family home	0.0		
Female	49.6	ALS	0.9	Community-based			
Total Patients	113	Other	12.4	res. facility	2.7		
		Total Patients	113	Other	2.7		
<b>TOTAL ADMISSIONS</b>	103			Total Patients	113		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING FTEs*</b>	
<b>TOTAL DISCHARGES</b>	101	Medicare	85.4%			Administrators	1.0
		Medicaid	1.9			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	1.5
Hospice care not		Managed Care/HMO	6.8	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	7.9%	PACE/Partnership	0.0	Routine home care	99.9%	Hospice Aides	0.6
Transferred:		Private Insurance	4.9	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	1.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	103	Respite care	0.1	Pathologists	0.0
hospice benefit	0.0			Total Patient Days	4,665	Bereavement Counselors	0.2
Other	2.0					Social Workers	0.5
Deaths	90.1	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	101	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.1
		Private residence	72.5%	Private residence	66.7%	Chaplain	0.0
		Nursing home	5.5	Nursing home	0.0	Clerical/Office Support	0.0
		Hospice res. fac.	16.5	Hospice res. fac.	33.3	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	3.9
		Residential care		Residential care			
1 - 7 days	27.7%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	17.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	13.9	Community-based		Community-based		patients of the	
31 - 60 days	11.9	res. facility	5.5	res. facility	0.0	hospice in 2002:	14
61 - 90 days	12.9	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	6.9	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	7.9	Total Deaths	91	Caseload	15	service provided	
1 year or more	1.0					during 2002 by these	
Total Discharges	101					volunteers:	748



**Heartland Hospice**  
 455 Davis Street, Box 487  
 Hammond WI 54015

License Number: 1521  
 County: St. Croix  
 (715) 796-2223

Page 41

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 8  
 Unduplicated Patient Count for 2002: 69  
 Average Daily Census: 7  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	1.4%	Malignant neoplasm		Physician	20.3%	Medicare	87.5%
20 to 54	7.2	(cancer)	75.4%	Self-referral	4.3	Medicaid	0.0
55 to 64	13.0	Cardiovascular		Patient's family	24.6	Medicare/Medicaid	0.0
65 to 74	21.7	disease	10.1	Hospital	36.2	Managed Care/HMO	12.5
75 to 84	39.1	Pulmonary disease	5.8	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	15.9	Renal failure/		Nursing home	10.1	Private Insurance	0.0
95 & over	1.4	kidney disease	5.8	Assisted living:		Self Pay	0.0
Total Patients	69	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.4	apt. complex	0.0	Caseload	8
Male	50.7%	AIDS	0.0	Adult family home	0.0		
Female	49.3	ALS	1.4	Community-based			
Total Patients	69	Other	0.0	res. facility	0.0		
		Total Patients	69	Other	2.9	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	60			Total Patients	69	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	62	Medicare	75.0%			Registered Nurses	1.6
		Medicaid	3.3	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.4
Hospice care not		Managed Care/HMO	5.0	Routine home care	99.3%	Physical Therapists	0.0
appropriate	4.8%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	16.7	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.6	Bereavement Counselors	0.3
Revocation of		Total Admissions	60	Total Patient Days	2,481	Social Workers	0.6
hospice benefit	3.2					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.3
Deaths	91.9	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.3
Total Discharges	62	Private residence	70.2%	Private residence	87.5%	Clerical/Office Support	0.6
		Nursing home	26.3	Nursing home	12.5	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	5.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	21.0%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	12.9	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	17.7	Community-based		Community-based		patients of the	
31 - 60 days	24.2	res. facility	0.0	res. facility	0.0	hospice in 2002:	44
61 - 90 days	8.1	Inpatient facility	3.5	Inpatient facility	0.0	Total hours of	
91 - 180 days	6.5	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	6.5	Total Deaths	57	Caseload	8	during 2002 by these	
1 year or more	3.2					volunteers:	1,316
Total Discharges	62						

Page 42

December 31, 2002 Caseload:	26
Unduplicated Patient Count for 2002:	200
Average Daily Census:	23
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	61.5%	Medicare	92.3%
20 to 54	7.5	(cancer)	81.0%	Self-referral	0.5	Medicaid	0.0
55 to 64	12.0	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	23.5	disease	12.5	Hospital	31.5	Managed Care/HMO	7.7
75 to 84	35.0	Pulmonary disease	3.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	20.0	Renal failure/		Nursing home	6.5	Private Insurance	0.0
95 & over	2.0	kidney disease	1.5	Assisted living:		Self Pay	0.0
Total Patients	200	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.0	apt. complex	0.0	Caseload	26
Male	51.0%	AIDS	0.0	Adult family home	0.0		
Female	49.0	ALS	0.5	Community-based			
Total Patients	200	Other	0.0	res. facility	0.0	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	200	Other	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	193			Total Patients	200	Physicians	0.1
		<b>ADMISSIONS BY PAY SOURCE</b>				Registered Nurses	2.9
<b>TOTAL DISCHARGES</b>	186	Medicare	79.8%			Lic. Prac. Nurses	0.0
		Medicaid	3.1	<b>PATIENT DAYS BY</b>		Hospice Aides	3.3
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.4%	Occupational Therapists	0.0
appropriate	1.1%	PACE/Partnership	0.0	Continuous care	0.0	Speech/Language	
Transferred:		Private Insurance	16.6	Inpatient care: acute		Pathologists	0.0
care provided by		Self Pay	0.5	symptom mgmt	0.2	Bereavement Counselors	0.5
another hospice	1.1	Other	0.0	Respite care	0.4	Social Workers	0.9
Revocation of		Total Admissions	193	Total Patient Days	8,443	Dietary	0.2
hospice benefit	9.1					Volunteer Coordinator	0.5
Other	6.5	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Chaplain	0.1
Deaths	82.3	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Clerical/Office Support	0.4
Total Discharges	186	Private residence	77.8%	Private residence	92.3%	Other	0.0
		Nursing home	11.1	Nursing home	7.7	Total FTEs	9.8
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Hospice res. fac.	0.0		
<b>LENGTH OF STAY</b>		Assisted living:		Assisted living:		* Full-time equivalents	
1 - 7 days	27.4%	Residential care		Residential care			
8 - 14 days	16.1	apt. complex	0.0	apt. complex	0.0	Volunteers who served	
15 - 30 days	17.7	Adult family home	0.0	Adult family home	0.0	patients of the	
31 - 60 days	18.3	Community-based		Community-based		hospice in 2002:	45
61 - 90 days	8.1	res. facility	6.5	res. facility	0.0		
91 - 180 days	6.5	Inpatient facility	4.6	Inpatient facility	0.0	Total hours of	
181 days - 1 year	4.8	Other site	0.0	Other site	0.0	service provided	
1 year or more	1.1	Total Deaths	153	Caseload	26	during 2002 by these	
Total Discharges	186					volunteers:	1,313

**Shawano Community Hospice**  
 309 North Bartlette, PO Box 477  
 Shawano WI 54166

License Number: 510  
 County: Shawano  
 (715) 524-2169

Page 43

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 9  
 Unduplicated Patient Count for 2002: 63  
 Average Daily Census: 7  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	1.6%	Malignant neoplasm		Physician	96.8%	Medicare	88.9%
20 to 54	1.6	(cancer)	73.0%	Self-referral	0.0	Medicaid	0.0
55 to 64	15.9	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	25.4	disease	7.9	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	36.5	Pulmonary disease	4.8	Home health agency	1.6	PACE/Partnership	0.0
85 to 94	15.9	Renal failure/		Nursing home	1.6	Private Insurance	11.1
95 & over	3.2	kidney disease	7.9	Assisted living:		Self Pay	0.0
Total Patients	63	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	9
Male	61.9%	AIDS	0.0	Adult family home	0.0		
Female	38.1	ALS	0.0	Community-based			
Total Patients	63	Other	6.3	res. facility	0.0		
		Total Patients	63	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	57			Total Patients	63	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	54	Medicare	84.2%			Registered Nurses	0.8
		Medicaid	5.3	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.5
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.6%	Physical Therapists	0.0
appropriate	1.9%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.5	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.2	Pathologists	0.0
another hospice	1.9	Other	0.0	Respite care	0.2	Bereavement Counselors	0.1
Revocation of		Total Admissions	57	Total Patient Days	2,650	Social Workers	0.7
hospice benefit	11.1					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.5
Deaths	85.2	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.2
Total Discharges	54	Private residence	89.1%	Private residence	88.9%	Clerical/Office Support	0.5
		Nursing home	8.7	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	4.3
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	22.2%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	24.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	20.4	Community-based		Community-based		patients of the	
31 - 60 days	14.8	res. facility	0.0	res. facility	11.1	hospice in 2002:	58
61 - 90 days	11.1	Inpatient facility	2.2	Inpatient facility	0.0		
91 - 180 days	7.4	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	0.0	Total Deaths	46	Caseload	9	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	54					volunteers:	628

**St. Nicholas Hospital Home Health & Hospice**  
1601 North Taylor Drive  
Sheboygan WI 53081

License Number: 532  
County: Sheboygan  
(920) 457-5770

Page 44

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	16
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	142
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	18
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	32.4%	Medicare	87.5%
20 to 54	7.7	(cancer)	64.1%	Self-referral	14.8	Medicaid	0.0
55 to 64	14.1	Cardiovascular		Patient's family	43.7	Medicare/Medicaid	0.0
65 to 74	23.9	disease	14.1	Hospital	4.2	Managed Care/HMO	0.0
75 to 84	25.4	Pulmonary disease	1.4	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.4	Renal failure/		Nursing home	2.1	Private Insurance	12.5
95 & over	3.5	kidney disease	5.6	Assisted living:		Self Pay	0.0
Total Patients	142	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.1	apt. complex	0.0	Caseload	16
Male	41.5%	AIDS	0.0	Adult family home	0.0		
Female	58.5	ALS	2.1	Community-based			
Total Patients	142	Other	10.6	res. facility	0.0		
		Total Patients	142	Other	2.8	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	126			Total Patients	142	Administrators	0.6
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	127	Medicare	81.7%			Registered Nurses	3.0
		Medicaid	4.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.1
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.4%	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	14.3	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.1	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.5	Bereavement Counselors	0.8
Revocation of		Total Admissions	126	Total Patient Days	6,409	Social Workers	0.1
hospice benefit	1.6					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.1
Deaths	98.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.2
Total Discharges	127	Private residence	60.0%	Private residence	43.8%	Clerical/Office Support	0.4
		Nursing home	36.8	Nursing home	37.5	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	6.3
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.3%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	13.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	25.2	Community-based		Community-based		patients of the	
31 - 60 days	16.5	res. facility	1.6	res. facility	18.8	hospice in 2002:	27
61 - 90 days	3.9	Inpatient facility	1.6	Inpatient facility	0.0		
91 - 180 days	5.5	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	6.3	Total Deaths	125	Caseload	16	service provided	
1 year or more	0.8					during 2002 by these	
Total Discharges	127					volunteers:	746

VNA of WI Hospice-Sheboygan  
2314 Kohler Memorial Drive  
Sheboygan WI 53081

License Number: 529  
County: Sheboygan  
(800) 686-7314

Page 45

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 43  
Unduplicated Patient Count for 2002: 332  
Average Daily Census: 32  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	2.7%	Malignant neoplasm		Physician	51.2%	Medicare	81.4%
20 to 54	6.3	(cancer)	59.3%	Self-referral	0.0	Medicaid	7.0
55 to 64	11.1	Cardiovascular		Patient's family	3.9	Medicare/Medicaid	0.0
65 to 74	19.3	disease	13.6	Hospital	27.1	Managed Care/HMO	0.0
75 to 84	27.4	Pulmonary disease	7.2	Home health agency	8.4	PACE/Partnership	0.0
85 to 94	28.3	Renal failure/		Nursing home	8.4	Private Insurance	11.6
95 & over	4.8	kidney disease	2.4	Assisted living:		Self Pay	0.0
Total Patients	332	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.3	apt. complex	0.0	Caseload	43
Male	48.2%	AIDS	0.0	Adult family home	0.0		
Female	51.8	ALS	0.0	Community-based			
Total Patients	332	Other	14.2	res. facility	0.0		
		Total Patients	332	Other	0.9		
TOTAL ADMISSIONS	311			Total Patients	332		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	298	Medicare	84.9%			Administrators	1.0
		Medicaid	3.9			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	16.5
Hospice care not appropriate	3.0%	Managed Care/HMO	0.0	Routine home care	98.2%	Lic. Prac. Nurses	3.1
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	20.8
care provided by another hospice	0.0	Private Insurance	11.3	Inpatient care: acute		Physical Therapists	3.6
Revocation of hospice benefit	6.0	Self Pay	0.0	symptom mgmt	1.4	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.4	Speech/Language	
Deaths	90.9	Total Admissions	311	Total Patient Days	11,782	Pathologists	0.0
Total Discharges	298					Bereavement Counselors	0.4
		DEATHS BY SITE OF OCCURRENCE				Social Workers	2.0
DISCHARGES BY LENGTH OF STAY		Private residence	72.3%	CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	33.9%	Nursing home	12.2	Private residence	72.1%	Volunteer Coordinator	0.6
8 - 14 days	16.8	Hospice res. fac.	0.0	Nursing home	20.9	Chaplain	1.0
15 - 30 days	14.8	Assisted living:		Hospice res. fac.	0.0	Clerical/Office Support	0.1
31 - 60 days	16.4	Residential care		Assisted living:		Other	0.0
61 - 90 days	5.4	apt. complex	0.0	Residential care		Total FTEs	49.0
91 - 180 days	8.4	Adult family home	0.0	apt. complex	0.0		
181 days - 1 year	2.7	Community-based		Adult family home	0.0		
1 year or more	1.7	res. facility	0.7	Community-based			
Total Discharges	298	Inpatient facility	14.8	res. facility	7.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	271	Other site	0.0		
				Caseload	43		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2002:	25
						Total hours of service provided during 2002 by these volunteers:	1,279

**Hope Hospice & Palliative Care Inc**  
657 McComb Avenue, PO Box 237  
Rib Lake WI 54470

License Number: 1517  
County: Taylor  
(715) 427-3532

Page 46

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 9  
Unduplicated Patient Count for 2002: 66  
Average Daily Census: 12  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	51.5%	Medicare	88.9%
20 to 54	1.5	(cancer)	45.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	9.1	Cardiovascular		Patient's family	13.6	Medicare/Medicaid	0.0
65 to 74	24.2	disease	12.1	Hospital	15.2	Managed Care/HMO	0.0
75 to 84	34.8	Pulmonary disease	7.6	Home health agency	1.5	PACE/Partnership	0.0
85 to 94	24.2	Renal failure/		Nursing home	9.1	Private Insurance	11.1
95 & over	6.1	kidney disease	9.1	Assisted living:		Self Pay	0.0
Total Patients	66	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	4.5	apt. complex	0.0	Caseload	9
Male	50.0%	AIDS	0.0	Adult family home	0.0		
Female	50.0	ALS	1.5	Community-based			
Total Patients	66	Other	19.7	res. facility	1.5		
		Total Patients	66	Other	7.6	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	55			Total Patients	66	Administrators	0.5
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	57	Medicare	90.9%			Registered Nurses	2.4
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.9
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.9
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.8%	Physical Therapists	0.0
appropriate	5.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	9.1	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.1	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.1	Bereavement Counselors	0.2
Revocation of		Total Admissions	55	Total Patient Days	4,412	Social Workers	0.1
hospice benefit	5.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.9
Deaths	89.5	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.2
Total Discharges	57	Private residence	51.0%	Private residence	66.7%	Clerical/Office Support	1.0
		Nursing home	45.1	Nursing home	33.3	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	7.1
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	35.1%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	17.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	10.5	Community-based		Community-based		patients of the	
31 - 60 days	12.3	res. facility	3.9	res. facility	0.0	hospice in 2002:	45
61 - 90 days	5.3	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	3.5	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	12.3	Total Deaths	51	Caseload	9	service provided	
1 year or more	3.5					during 2002 by these	
Total Discharges	57					volunteers:	3,318

Vernon Memorial Hospice  
507 South Main Street  
Viroqua WI 54665

License Number: 514  
County: Vernon  
(608) 637-4362

Page 47

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 9  
Unduplicated Patient Count for 2002: 49  
Average Daily Census: 7  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	67.3%	Medicare	100.0%
20 to 54	2.0	(cancer)	73.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	12.2	Cardiovascular		Patient's family	2.0	Medicare/Medicaid	0.0
65 to 74	16.3	disease	10.2	Hospital	12.2	Managed Care/HMO	0.0
75 to 84	26.5	Pulmonary disease	6.1	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	42.9	Renal failure/		Nursing home	14.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	49	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	9
Male	38.8%	AIDS	0.0	Adult family home	0.0		
Female	61.2	ALS	0.0	Community-based			
Total Patients	49	Other	10.2	res. facility	4.1		
		Total Patients	49	Other	0.0		
TOTAL ADMISSIONS	50			Total Patients	49		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	43	Medicare	90.0%			Administrators	0.5
		Medicaid	4.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY LEVEL OF CARE		Registered Nurses	1.0
Hospice care not appropriate	2.3%	Managed Care/HMO	2.0	Routine home care	99.1%	Lic. Prac. Nurses	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Hospice Aides	0.6
care provided by another hospice	0.0	Private Insurance	2.0	Inpatient care: acute		Physical Therapists	0.0
Revocation of hospice benefit	7.0	Self Pay	2.0	symptom mgmt	0.3	Occupational Therapists	0.0
Other	0.0	Other	0.0	Respite care	0.7	Speech/Language	
Deaths	90.7	Total Admissions	50	Total Patient Days	2,640	Pathologists	0.0
Total Discharges	43					Bereavement Counselors	0.2
		DEATHS BY SITE OF OCCURRENCE				Social Workers	0.4
DISCHARGES BY LENGTH OF STAY		Private residence	48.7%	CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS		Dietary	0.0
1 - 7 days	23.3%	Nursing home	46.2	Private residence	66.7%	Volunteer Coordinator	0.2
8 - 14 days	14.0	Hospice res. fac.	0.0	Nursing home	33.3	Chaplain	0.0
15 - 30 days	30.2	Assisted living:		Hospice res. fac.	0.0	Clerical/Office Support	0.9
31 - 60 days	18.6	Residential care		Assisted living:		Other	0.4
61 - 90 days	7.0	apt. complex	0.0	Residential care		Total FTEs	4.3
91 - 180 days	2.3	Adult family home	0.0	apt. complex	0.0		
181 days - 1 year	4.7	Community-based		Adult family home	0.0		
1 year or more	0.0	res. facility	2.6	Community-based			
Total Discharges	43	Inpatient facility	2.6	res. facility	0.0		
		Other site	0.0	Inpatient facility	0.0		
		Total Deaths	39	Other site	0.0		
				Caseload	9		
						* Full-time equivalents	
						Volunteers who served patients of the hospice in 2002:	15
						Total hours of service provided during 2002 by these volunteers:	520

**Rolland Nelson Crossroads Hospice**1020 James Drive  
Hartland WI 53029License Number: 527  
County: Waukesha  
(262) 928-7444

Page 48

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 34  
 Unduplicated Patient Count for 2002: 343  
 Average Daily Census: 34  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	37.0%	Medicare	91.2%
20 to 54	5.2	(cancer)	55.7%	Self-referral	0.0	Medicaid	0.0
55 to 64	7.9	Cardiovascular		Patient's family	1.2	Medicare/Medicaid	0.0
65 to 74	19.2	disease	20.1	Hospital	31.8	Managed Care/HMO	2.9
75 to 84	34.4	Pulmonary disease	8.7	Home health agency	2.3	PACE/Partnership	0.0
85 to 94	27.4	Renal failure/		Nursing home	19.0	Private Insurance	5.9
95 & over	5.8	kidney disease	4.4	Assisted living:		Self Pay	0.0
Total Patients	343	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	9.6	apt. complex	0.6	Caseload	34
Male	40.2%	AIDS	0.0	Adult family home	0.0		
Female	59.8	ALS	0.0	Community-based			
Total Patients	343	Other	1.5	res. facility	0.0		
		Total Patients	343	Other	8.2	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	312			Total Patients	343	Administrators	2.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	311	Medicare	82.7%			Registered Nurses	4.4
		Medicaid	1.3	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.5
Hospice care not		Managed Care/HMO	3.8	Routine home care	100.0%	Physical Therapists	0.0
appropriate	6.4%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	11.9	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	1.9	Other	0.3	Respite care	0.0	Bereavement Counselors	0.5
Revocation of		Total Admissions	312	Total Patient Days	12,240	Social Workers	1.0
hospice benefit	2.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.8
Deaths	89.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.0
Total Discharges	311	Private residence	73.7%	Private residence	79.4%	Clerical/Office Support	0.0
		Nursing home	26.3	Nursing home	20.6	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	11.2
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	20.9%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	19.9	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	19.3	Community-based		Community-based		patients of the	
31 - 60 days	15.8	res. facility	0.0	res. facility	0.0	hospice in 2002:	67
61 - 90 days	9.6	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	8.7	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	4.5	Total Deaths	278	Caseload	34	service provided	
1 year or more	1.3					during 2002 by these	
Total Discharges	311					volunteers:	4,471



**Thedacare At Home**  
 201 East Bell Street  
 Neenah WI 54957

License Number: 1504  
 County: Winnebago  
 (920) 969-0919

Page 49

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? Yes

December 31, 2002 Caseload: 46  
 Unduplicated Patient Count for 2002: 399  
 Average Daily Census: 44  
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	38.1%	Medicare	84.8%
20 to 54	8.3	(cancer)	73.4%	Self-referral	0.0	Medicaid	2.2
55 to 64	15.0	Cardiovascular		Patient's family	1.0	Medicare/Medicaid	0.0
65 to 74	23.1	disease	9.5	Hospital	43.1	Managed Care/HMO	8.7
75 to 84	30.6	Pulmonary disease	4.0	Home health agency	15.5	PACE/Partnership	0.0
85 to 94	20.8	Renal failure/		Nursing home	2.0	Private Insurance	4.3
95 & over	1.8	kidney disease	3.8	Assisted living:		Self Pay	0.0
Total Patients	399	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.5	apt. complex	0.0	Caseload	46
Male	48.4%	AIDS	0.0	Adult family home	0.0		
Female	51.6	ALS	0.8	Community-based			
Total Patients	399	Other	7.0	res. facility	0.3		
		Total Patients	399	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	363			Total Patients	399	Administrators	2.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	355	Medicare	75.5%			Registered Nurses	10.9
		Medicaid	1.7	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.6	<b>LEVEL OF CARE</b>		Hospice Aides	8.7
Hospice care not		Managed Care/HMO	11.0	Routine home care	97.8%	Physical Therapists	0.0
appropriate	2.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	10.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.6	symptom mgmt	1.6	Pathologists	0.0
another hospice	0.8	Other	0.6	Respite care	0.6	Bereavement Counselors	0.3
Revocation of		Total Admissions	363	Total Patient Days	16,078	Social Workers	2.5
hospice benefit	1.1					Dietary	0.1
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.6
Deaths	95.8	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	355	Private residence	55.0%	Private residence	80.4%	Clerical/Office Support	9.3
		Nursing home	4.1	Nursing home	2.2	Other	0.0
		Hospice res. fac.	38.2	Hospice res. fac.	15.2	Total FTEs	34.4
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	30.4%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	15.8	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	18.9	Community-based		Community-based		patients of the	
31 - 60 days	17.7	res. facility	2.1	res. facility	2.2	hospice in 2002:	87
61 - 90 days	5.1	Inpatient facility	0.6	Inpatient facility	0.0		
91 - 180 days	7.9	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	3.7	Total Deaths	340	Caseload	46	service provided	
1 year or more	0.6					during 2002 by these	
Total Discharges	355					volunteers:	5,146

**Affinity Visiting Nurses**  
 515 South Washburn, Suite 206  
 Oshkosh WI 54904

License Number: 1526  
 County: Winnebago  
 (920) 236-8500

Page 50

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	21
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	187
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	23
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/02 BY PAY SOURCE
Under 20 1.1%	Malignant neoplasm 73.3%	Physician 70.1%	Medicare 76.2%
20 to 54 9.1	(cancer)	Self-referral 0.0	Medicaid 0.0
55 to 64 8.0	Cardiovascular	Patient's family 2.7	Medicare/Medicaid 9.5
65 to 74 27.8	disease 7.0	Hospital 23.0	Managed Care/HMO 14.3
75 to 84 31.6	Pulmonary disease 2.1	Home health agency 1.1	PACE/Partnership 0.0
85 to 94 18.7	Renal failure/	Nursing home 2.1	Private Insurance 0.0
95 & over 3.7	kidney disease 3.2	Assisted living:	Self Pay 0.0
Total Patients 187	Diabetes 0.0	Residential care	Other 0.0
	Alzheimer's disease 2.1	apt. complex 0.0	Caseload 21
Male 50.8%	AIDS 0.0	Adult family home 0.0	
Female 49.2	ALS 0.5	Community-based	
Total Patients 187	Other 11.8	res. facility 0.5	
	Total Patients 187	Other 0.5	
<b>TOTAL ADMISSIONS</b> 173		Total Patients 187	
<b>TOTAL DISCHARGES</b> 170	<b>ADMISSIONS BY PAY SOURCE</b>		<b>STAFFING FTEs*</b>
	Medicare 80.3%		Administrators 2.0
	Medicaid 0.6		Physicians 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>	Registered Nurses 3.5
Hospice care not appropriate 10.0%	Managed Care/HMO 17.3	Routine home care 99.7%	Lic. Prac. Nurses 0.0
Transferred:	PACE/Partnership 0.0	Continuous care 0.0	Hospice Aides 1.4
care provided by	Private Insurance 0.6	Inpatient care: acute	Physical Therapists 0.0
another hospice 1.2	Self Pay 0.6	symptom mgmt 0.2	Occupational Therapists 0.0
Revocation of	Other 0.6	Respite care 0.1	Speech/Language
hospice benefit 1.2	Total Admissions 173	Total Patient Days 8,539	Pathologists 0.0
Other 0.0			Bereavement Counselors 0.6
Deaths 87.6	<b>DEATHS BY SITE OF OCCURRENCE</b>	<b>CASELOAD ON 12/31/02 BY LIVING ARRANGEMENTS</b>	Social Workers 1.6
Total Discharges 170	Private residence 88.6%	Private residence 95.2%	Dietary 0.0
	Nursing home 6.7	Nursing home 4.8	Volunteer Coordinator 1.0
	Hospice res. fac. 0.0	Hospice res. fac. 0.0	Chaplain 0.6
<b>DISCHARGES BY LENGTH OF STAY</b>	Assisted living:	Assisted living:	Clerical/Office Support 2.0
1 - 7 days 24.1%	Residential care	Residential care	Other 0.0
8 - 14 days 15.3	apt. complex 0.0	apt. complex 0.0	Total FTEs 12.7
15 - 30 days 17.6	Adult family home 0.0	Adult family home 0.0	
31 - 60 days 17.1	Community-based	Community-based	
61 - 90 days 10.6	res. facility 1.3	res. facility 0.0	
91 - 180 days 8.8	Inpatient facility 2.7	Inpatient facility 0.0	
181 days - 1 year 6.5	Other site 0.7	Other site 0.0	
1 year or more 0.0	Total Deaths 149	Caseload 21	
Total Discharges 170			

\* Full-time equivalents

Volunteers who served patients of the hospice in 2002: 43

Total hours of service provided during 2002 by these volunteers: 984

**Ministry Home Care Hospice-Marshfield**  
 303 West Upham, Suite 200  
 Marshfield WI 54449

License Number: 1516  
 County: Wood  
 (715) 387-7052

Page 51

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2002 Caseload:	35
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2002:	258
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	35
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	98.1%	Medicare	82.9%
20 to 54	5.8	(cancer)	70.5%	Self-referral	0.0	Medicaid	2.9
55 to 64	10.5	Cardiovascular		Patient's family	1.2	Medicare/Medicaid	5.7
65 to 74	20.2	disease	10.1	Hospital	0.4	Managed Care/HMO	0.0
75 to 84	38.0	Pulmonary disease	9.3	Home health agency	0.4	PACE/Partnership	0.0
85 to 94	22.9	Renal failure/		Nursing home	0.0	Private Insurance	8.6
95 & over	1.9	kidney disease	1.6	Assisted living:		Self Pay	0.0
Total Patients	258	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	2.7	apt. complex	0.0	Caseload	35
Male	50.0%	AIDS	0.0	Adult family home	0.0		
Female	50.0	ALS	1.2	Community-based			
Total Patients	258	Other	4.7	res. facility	0.0		
		Total Patients	258	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	218			Total Patients	258	Administrators	3.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.3
<b>TOTAL DISCHARGES</b>	226	Medicare	74.3%			Registered Nurses	6.6
		Medicaid	3.7	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	3.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	8.7	<b>LEVEL OF CARE</b>		Hospice Aides	8.8
Hospice care not appropriate	5.8%	Managed Care/HMO	0.0	Routine home care	98.2%	Physical Therapists	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.1	Occupational Therapists	0.0
care provided by another hospice	0.9	Private Insurance	12.8	Inpatient care: acute		Speech/Language	
Revocation of hospice benefit	5.3	Self Pay	0.5	symptom mgmt	1.6	Pathologists	0.0
Other	0.0	Other	0.0	Respite care	0.1	Bereavement Counselors	1.0
Deaths	88.1	Total Admissions	218	Total Patient Days	12,834	Social Workers	3.0
Total Discharges	226					Dietary	0.0
		<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	1.0
<b>DISCHARGES BY LENGTH OF STAY</b>		<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	1.0
1 - 7 days	17.3%	Private residence	42.2%	Private residence	74.3%	Clerical/Office Support	2.0
8 - 14 days	11.9	Nursing home	12.6	Nursing home	8.6	Other	0.0
15 - 30 days	15.0	Hospice res. fac.	30.7	Hospice res. fac.	17.1	Total FTEs	29.7
31 - 60 days	18.6	Assisted living:		Assisted living:			
61 - 90 days	12.8	Residential care		Residential care		* Full-time equivalents	
91 - 180 days	12.8	apt. complex	1.5	apt. complex	0.0		
181 days - 1 year	9.3	Adult family home	0.5	Adult family home	0.0	Volunteers who served patients of the hospice in 2002:	107
1 year or more	2.2	Community-based		Community-based			
Total Discharges	226	res. facility	1.5	res. facility	0.0	Total hours of service provided during 2002 by these volunteers:	4,893
		Inpatient facility	10.1	Inpatient facility	0.0		
		Other site	1.0	Other site	0.0		
		Total Deaths	199	Caseload	35		

Hospice of Dubuque  
2255 JFK Road, Asbury Square  
Dubuque IA 52002

License Number: 562  
County: Out of State  
(563) 582-1220

Page 52

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 2  
Unduplicated Patient Count for 2002: 17  
Average Daily Census: 3  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	23.5%	Medicare	100.0%
20 to 54	11.8	(cancer)	64.7%	Self-referral	11.8	Medicaid	0.0
55 to 64	5.9	Cardiovascular		Patient's family	11.8	Medicare/Medicaid	0.0
65 to 74	11.8	disease	11.8	Hospital	29.4	Managed Care/HMO	0.0
75 to 84	35.3	Pulmonary disease	11.8	Home health agency	5.9	PACE/Partnership	0.0
85 to 94	29.4	Renal failure/		Nursing home	11.8	Private Insurance	0.0
95 & over	5.9	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	17	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	5.9	apt. complex	0.0	Caseload	2
Male	11.8%	AIDS	0.0	Adult family home	0.0		
Female	88.2	ALS	0.0	Community-based			
Total Patients	17	Other	5.9	res. facility	0.0		
		Total Patients	17	Other	5.9		
TOTAL ADMISSIONS	14			Total Patients	17		
		ADMISSIONS BY PAY SOURCE				STAFFING FTEs*	
TOTAL DISCHARGES	15	Medicare	85.7%			Administrators	0.2
		Medicaid	0.0			Physicians	0.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	PATIENT DAYS BY		Registered Nurses	1.2
Hospice care not		Managed Care/HMO	0.0	LEVEL OF CARE		Lic. Prac. Nurses	0.0
appropriate	6.7%	PACE/Partnership	0.0	Routine home care	99.9%	Hospice Aides	0.2
Transferred:		Private Insurance	7.1	Continuous care	0.1	Physical Therapists	0.0
care provided by		Self Pay	7.1	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	14	Respite care	0.0	Pathologists	0.0
hospice benefit	0.0			Total Patient Days	1,096	Bereavement Counselors	0.1
Other	0.0					Social Workers	0.3
Deaths	93.3	DEATHS BY SITE		CASELOAD ON 12/31/02		Dietary	0.0
Total Discharges	15	OF OCCURRENCE		BY LIVING ARRANGEMENTS		Volunteer Coordinator	0.1
		Private residence	64.3%	Private residence	100.0%	Chaplain	0.1
		Nursing home	21.4	Nursing home	0.0	Clerical/Office Support	0.5
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	2.6
		Residential care		Residential care			
1 - 7 days	13.3%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	20.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	33.3	Community-based		Community-based		patients of the	
31 - 60 days	13.3	res. facility	0.0	res. facility	0.0	hospice in 2002:	
61 - 90 days	0.0	Inpatient facility	0.0	Inpatient facility	0.0	12	
91 - 180 days	6.7	Other site	14.3	Other site	0.0	Total hours of	
181 days - 1 year	13.3	Total Deaths	14	Caseload	2	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	15					volunteers:	
						45	

**St. Luke's Hospice Duluth**  
 220 North 6th Avenue East  
 Duluth MN 55805

License Number: 537  
 County: Out of State  
 (218) 249-6100

Page 53

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 2  
 Unduplicated Patient Count for 2002: 16  
 Average Daily Census: 2  
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	100.0%	Medicare	100.0%
20 to 54	18.8	(cancer)	81.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	12.5	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	25.0	disease	0.0	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	18.8	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	18.8	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	6.3	kidney disease	6.3	Assisted living:		Self Pay	0.0
Total Patients	16	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	2
Male	68.8%	AIDS	0.0	Adult family home	0.0		
Female	31.3	ALS	0.0	Community-based			
Total Patients	16	Other	12.5	res. facility	0.0		
		Total Patients	16	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	13			Total Patients	16	Administrators	0.5
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	14	Medicare	76.9%			Registered Nurses	0.3
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.6%	Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	23.1	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	1.4	Pathologists	0.0
another hospice	7.1	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	13	Total Patient Days	726	Social Workers	0.1
hospice benefit	14.3					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	78.6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	14	Private residence	90.9%	Private residence	100.0%	Clerical/Office Support	0.3
		Nursing home	0.0	Nursing home	0.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	1.3
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	28.6%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	14.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	14.3	Community-based		Community-based		patients of the	
31 - 60 days	7.1	res. facility	0.0	res. facility	0.0	hospice in 2002:	45
61 - 90 days	7.1	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
91 - 180 days	21.4	Other site	9.1	Other site	0.0	service provided	
181 days - 1 year	7.1	Total Deaths	11	Caseload	2	during 2002 by these	
1 year or more	0.0					volunteers:	478
Total Discharges	14						

**St. Mary's/Duluth Clinic Hospice & Palliative Care**  
 407 East Third Street  
 Duluth MN 55805

License Number: 535  
 County: Out of State  
 (218) 786-4202

Page 54

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 23  
 Unduplicated Patient Count for 2002: 121  
 Average Daily Census: 19  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	59.5%	Medicare	87.0%
20 to 54	9.1	(cancer)	63.6%	Self-referral	0.8	Medicaid	4.3
55 to 64	13.2	Cardiovascular		Patient's family	9.9	Medicare/Medicaid	0.0
65 to 74	21.5	disease	16.5	Hospital	4.1	Managed Care/HMO	0.0
75 to 84	33.9	Pulmonary disease	9.9	Home health agency	5.0	PACE/Partnership	0.0
85 to 94	21.5	Renal failure/		Nursing home	18.2	Private Insurance	8.7
95 & over	0.8	kidney disease	0.8	Assisted living:		Self Pay	0.0
Total Patients	121	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	1.7	apt. complex	0.0	Caseload	23
Male	55.4%	AIDS	0.0	Adult family home	0.0		
Female	44.6	ALS	1.7	Community-based			
Total Patients	121	Other	5.8	res. facility	0.0		
		Total Patients	121	Other	2.5		
<b>TOTAL ADMISSIONS</b>	106			Total Patients	121		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING FTEs*</b>	
<b>TOTAL DISCHARGES</b>	100	Medicare	80.2%			Administrators	0.1
		Medicaid	9.4			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	1.3
Hospice care not		Managed Care/HMO	0.0	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	9.0%	PACE/Partnership	0.0	Routine home care	97.4%	Hospice Aides	1.2
Transferred:		Private Insurance	9.4	Continuous care	0.0	Physical Therapists	0.1
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.9	symptom mgmt	2.0	Speech/Language	
Revocation of		Total Admissions	106	Respite care	0.5	Pathologists	0.0
hospice benefit	5.0			Total Patient Days	6,818	Bereavement Counselors	0.3
Other	0.0					Social Workers	0.3
Deaths	86.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	100	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.1
		Private residence	50.0%	Private residence	78.3%	Chaplain	0.1
		Nursing home	27.9	Nursing home	21.7	Clerical/Office Support	0.3
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	3.7
		Residential care		Residential care			
1 - 7 days	23.0%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	12.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	16.0	Community-based		Community-based		patients of the	
31 - 60 days	22.0	res. facility	0.0	res. facility	0.0	hospice in 2002:	
61 - 90 days	10.0	Inpatient facility	22.1	Inpatient facility	0.0		
91 - 180 days	5.0	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	8.0	Total Deaths	86	Caseload	23	service provided	
1 year or more	4.0					during 2002 by these	
Total Discharges	100					volunteers:	

344

**Marquette General Home Health & Hospice**  
Doctors Park, Suite 101  
Escanaba MI 49829

License Number: 551  
County: Out of State  
(906) 863-7877

Page 55

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 0  
Unduplicated Patient Count for 2002: 6  
Average Daily Census: 0  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/02	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	16.7%	Medicare	0.0%
20 to 54	0.0	(cancer)	83.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	16.7	Cardiovascular		Patient's family	0.0	Medicare/Medicaid	0.0
65 to 74	16.7	disease	0.0	Hospital	83.3	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	33.3	Renal failure/		Nursing home	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	6	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	0
Male	50.0%	AIDS	0.0	Adult family home	0.0		
Female	50.0	ALS	0.0	Community-based			
Total Patients	6	Other	16.7	res. facility	0.0		
		Total Patients	6	Other	0.0		
<b>TOTAL ADMISSIONS</b>	6			Total Patients	6		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL DISCHARGES</b>	6	Medicare	83.3%			Administrators	0.1
		Medicaid	0.0			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	0.1
Hospice care not		Managed Care/HMO	0.0	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	0.0%	PACE/Partnership	0.0	Routine home care	100.0%	Hospice Aides	0.0
Transferred:		Private Insurance	16.7	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	6	Respite care	0.0	Pathologists	0.0
hospice benefit	16.7			Total Patient Days	122	Bereavement Counselors	0.1
Other	0.0					Social Workers	0.1
Deaths	83.3	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	6	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.0
		Private residence	100.0%	Private residence	0.0%	Chaplain	0.0
		Nursing home	0.0	Nursing home	0.0	Clerical/Office Support	0.1
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	0.3
		Residential care		Residential care			
1 - 7 days	16.7%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	33.3	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	33.3	Community-based		Community-based		patients of the	
31 - 60 days	16.7	res. facility	0.0	res. facility	0.0	hospice in 2002:	8
61 - 90 days	0.0	Inpatient facility	0.0	Inpatient facility	0.0	Total hours of	
91 - 180 days	0.0	Other site	0.0	Other site	0.0	service provided	
181 days - 1 year	0.0	Total Deaths	5	Caseload	0	during 2002 by these	
1 year or more	0.0					volunteers:	68
Total Discharges	6						

**Red Wing Regional Hospice**  
 1407 West 4th Street, Box 134  
 Red Wing MN 55066

License Number: 540  
 County: Out of State  
 (651) 385-3410

Page 56

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 1  
 Unduplicated Patient Count for 2002: 8  
 Average Daily Census: 1  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	12.5%	Medicare	100.0%
20 to 54	0.0	(cancer)	87.5%	Self-referral	0.0	Medicaid	0.0
55 to 64	37.5	Cardiovascular		Patient's family	12.5	Medicare/Medicaid	0.0
65 to 74	25.0	disease	12.5	Hospital	62.5	Managed Care/HMO	0.0
75 to 84	37.5	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	0.0	Renal failure/		Nursing home	12.5	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	8	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	1
Male	37.5%	AIDS	0.0	Adult family home	0.0		
Female	62.5	ALS	0.0	Community-based			
Total Patients	8	Other	0.0	res. facility	0.0		
		Total Patients	8	Other	0.0		
<b>TOTAL ADMISSIONS</b>	7			Total Patients	8		
		<b>ADMISSIONS BY PAY SOURCE</b>				<b>STAFFING FTEs*</b>	
<b>TOTAL DISCHARGES</b>	8	Medicare	42.9%			Administrators	0.0
		Medicaid	14.3			Physicians	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>PATIENT DAYS BY</b>		Registered Nurses	0.0
Hospice care not		Managed Care/HMO	0.0	<b>LEVEL OF CARE</b>		Lic. Prac. Nurses	0.0
appropriate	12.5%	PACE/Partnership	0.0	Routine home care	100.0%	Hospice Aides	0.0
Transferred:		Private Insurance	42.9	Continuous care	0.0	Physical Therapists	0.0
care provided by		Self Pay	0.0	Inpatient care: acute		Occupational Therapists	0.0
another hospice	0.0	Other	0.0	symptom mgmt	0.0	Speech/Language	
Revocation of		Total Admissions	7	Respite care	0.0	Pathologists	0.0
hospice benefit	12.5			Total Patient Days	499	Bereavement Counselors	0.0
Other	0.0					Social Workers	0.0
Deaths	75.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Dietary	0.0
Total Discharges	8	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Volunteer Coordinator	0.0
		Private residence	83.3%	Private residence	100.0%	Chaplain	0.0
		Nursing home	16.7	Nursing home	0.0	Clerical/Office Support	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Other	0.0
		Assisted living:		Assisted living:		Total FTEs	0.0
		Residential care		Residential care			
1 - 7 days	25.0%	apt. complex	0.0	apt. complex	0.0	* Full-time equivalents	
8 - 14 days	12.5	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	0.0	Community-based		Community-based		patients of the	
31 - 60 days	25.0	res. facility	0.0	res. facility	0.0	hospice in 2002:	
61 - 90 days	12.5	Inpatient facility	0.0	Inpatient facility	0.0	14	
91 - 180 days	25.0	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	0.0	Total Deaths	6	Caseload	1	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	8					volunteers:	
						4	



**Mayo Hospice Program**  
 200 1st Street SW  
 Rochester MN 55905

License Number: 534  
 County: Out of State  
 (507) 284-4002

Page 57

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 26  
 Unduplicated Patient Count for 2002: 185  
 Average Daily Census: 31  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.5%	Malignant neoplasm		Physician	37.8%	Medicare	65.4%
20 to 54	7.0	(cancer)	70.3%	Self-referral	0.0	Medicaid	0.0
55 to 64	13.0	Cardiovascular		Patient's family	24.9	Medicare/Medicaid	15.4
65 to 74	20.5	disease	4.9	Hospital	0.0	Managed Care/HMO	0.0
75 to 84	34.1	Pulmonary disease	2.7	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	21.6	Renal failure/		Nursing home	0.5	Private Insurance	19.2
95 & over	3.2	kidney disease	3.8	Assisted living:		Self Pay	0.0
Total Patients	185	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	10.3	apt. complex	0.0	Caseload	26
Male	50.3%	AIDS	0.0	Adult family home	0.0		
Female	49.7	ALS	0.5	Community-based			
Total Patients	185	Other	7.6	res. facility	0.0		
		Total Patients	185	Other	36.8	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	174			Total Patients	185	Administrators	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	173	Medicare	59.8%			Registered Nurses	0.0
		Medicaid	2.3	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	19.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.0
Hospice care not		Managed Care/HMO	0.0	Routine home care	98.4%	Physical Therapists	0.0
appropriate	2.3%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	17.2	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	1.7	symptom mgmt	1.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.6	Bereavement Counselors	0.0
Revocation of		Total Admissions	174	Total Patient Days	11,262	Social Workers	0.0
hospice benefit	11.6					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
Deaths	86.1	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
Total Discharges	173	Private residence	63.1%	Private residence	73.1%	Clerical/Office Support	0.0
		Nursing home	18.8	Nursing home	11.5	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.0
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	21.4%	apt. complex	12.1	apt. complex	15.4		
8 - 14 days	10.4	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	24.3	Community-based		Community-based		patients of the	
31 - 60 days	17.3	res. facility	0.0	res. facility	0.0	hospice in 2002:	151
61 - 90 days	6.9	Inpatient facility	6.0	Inpatient facility	0.0		
91 - 180 days	13.3	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	4.0	Total Deaths	149	Caseload	26	service provided	
1 year or more	2.3					during 2002 by these	
Total Discharges	173					volunteers:	6,419

**Lakeview Hospice**  
5610 Norwich Parkway  
Stillwater MN 55082

License Number: 548  
County: Out of State  
(651) 430-3320

Page 58

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2002 Caseload: 12  
Unduplicated Patient Count for 2002: 127  
Average Daily Census: 11  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	1.6%	Malignant neoplasm		Physician	26.8%	Medicare	100.0%
20 to 54	0.8	(cancer)	49.6%	Self-referral	6.3	Medicaid	0.0
55 to 64	14.2	Cardiovascular		Patient's family	5.5	Medicare/Medicaid	0.0
65 to 74	21.3	disease	23.6	Hospital	44.1	Managed Care/HMO	0.0
75 to 84	39.4	Pulmonary disease	23.6	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	22.8	Renal failure/		Nursing home	17.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	127	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	3.1	apt. complex	0.0	Caseload	12
Male	60.6%	AIDS	0.0	Adult family home	0.0		
Female	39.4	ALS	0.0	Community-based			
Total Patients	127	Other	0.0	res. facility	0.0		
		Total Patients	127	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	112			Total Patients	127	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.1
<b>TOTAL DISCHARGES</b>	115	Medicare	77.7%			Registered Nurses	2.0
		Medicaid	14.3	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	1.3
Hospice care not		Managed Care/HMO	0.0	Routine home care	99.3%	Physical Therapists	0.0
appropriate	9.6%	PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
Transferred:		Private Insurance	8.0	Inpatient care: acute		Speech/Language	
care provided by		Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Respite care	0.7	Bereavement Counselors	0.1
Revocation of		Total Admissions	112	Total Patient Days	3,964	Social Workers	0.8
hospice benefit	0.0					Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.1
Deaths	90.4	<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.5
Total Discharges	115	Private residence	91.3%	Private residence	75.0%	Clerical/Office Support	3.0
		Nursing home	8.7	Nursing home	25.0	Other	0.0
		Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	8.9
<b>DISCHARGES BY</b>		Assisted living:		Assisted living:			
<b>LENGTH OF STAY</b>		Residential care		Residential care		* Full-time equivalents	
1 - 7 days	6.1%	apt. complex	0.0	apt. complex	0.0		
8 - 14 days	6.1	Adult family home	0.0	Adult family home	0.0	Volunteers who served	
15 - 30 days	12.2	Community-based		Community-based		patients of the	
31 - 60 days	49.6	res. facility	0.0	res. facility	0.0	hospice in 2002:	17
61 - 90 days	13.0	Inpatient facility	0.0	Inpatient facility	0.0		
91 - 180 days	12.2	Other site	0.0	Other site	0.0	Total hours of	
181 days - 1 year	0.9	Total Deaths	104	Caseload	12	service provided	
1 year or more	0.0					during 2002 by these	
Total Discharges	115					volunteers:	488

**Winona Area Hospice**  
175 East Wabasha  
Winona MN 55987

License Number: 561  
County: Out of State  
(507) 457-4468

Page 59

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	No
Licensed Hospice Residential Facility?	No

December 31, 2002 Caseload:	1
Unduplicated Patient Count for 2002:	11
Average Daily Census:	1
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/02 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	81.8%	Medicare	0.0%
20 to 54	9.1	(cancer)	90.9%	Self-referral	0.0	Medicaid	0.0
55 to 64	27.3	Cardiovascular		Patient's family	9.1	Medicare/Medicaid	0.0
65 to 74	36.4	disease	0.0	Hospital	9.1	Managed Care/HMO	0.0
75 to 84	9.1	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Nursing home	0.0	Private Insurance	100.0
95 & over	0.0	kidney disease	0.0	Assisted living:		Self Pay	0.0
Total Patients	11	Diabetes	0.0	Residential care		Other	0.0
		Alzheimer's disease	0.0	apt. complex	0.0	Caseload	1
Male	72.7%	AIDS	0.0	Adult family home	0.0		
Female	27.3	ALS	0.0	Community-based			
Total Patients	11	Other	9.1	res. facility	0.0		
		Total Patients	11	Other	0.0	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	11			Total Patients	11	Administrators	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>				Physicians	0.0
<b>TOTAL DISCHARGES</b>	10	Medicare	72.7%			Registered Nurses	0.1
		Medicaid	0.0	<b>PATIENT DAYS BY</b>		Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>LEVEL OF CARE</b>		Hospice Aides	0.2
Hospice care not appropriate	0.0%	Managed Care/HMO	0.0	Routine home care	100.0%	Physical Therapists	0.0
Transferred:		PACE/Partnership	0.0	Continuous care	0.0	Occupational Therapists	0.0
care provided by another hospice	0.0	Private Insurance	27.3	Inpatient care: acute		Speech/Language	
Revocation of hospice benefit	0.0	Self Pay	0.0	symptom mgmt	0.0	Pathologists	0.0
Other	0.0	Other	0.0	Respite care	0.0	Bereavement Counselors	0.0
Deaths	100.0	Total Admissions	11	Total Patient Days	356	Social Workers	0.1
Total Discharges	10					Dietary	0.0
		<b>DEATHS BY SITE</b>		<b>CASELOAD ON 12/31/02</b>		Volunteer Coordinator	0.0
<b>DISCHARGES BY LENGTH OF STAY</b>		<b>OF OCCURRENCE</b>		<b>BY LIVING ARRANGEMENTS</b>		Chaplain	0.0
1 - 7 days	20.0%	Private residence	80.0%	Private residence	100.0%	Clerical/Office Support	0.0
8 - 14 days	20.0	Nursing home	20.0	Nursing home	0.0	Other	0.0
15 - 30 days	20.0	Hospice res. fac.	0.0	Hospice res. fac.	0.0	Total FTEs	0.5
31 - 60 days	20.0	Assisted living:		Assisted living:			
61 - 90 days	10.0	Residential care		Residential care		* Full-time equivalents	
91 - 180 days	10.0	apt. complex	0.0	apt. complex	0.0		
181 days - 1 year	0.0	Adult family home	0.0	Adult family home	0.0	Volunteers who served patients of the hospice in 2002:	47
1 year or more	0.0	Community-based		Community-based			
Total Discharges	10	res. facility	0.0	res. facility	0.0		
		Inpatient facility	0.0	Inpatient facility	0.0	Total hours of service provided during 2002 by these volunteers:	117
		Other site	0.0	Other site	0.0		
		Total Deaths	10	Caseload	1		



## **Indices of Hospice Profiles**



## INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
1	526	Regional Hospice Services Inc	Ashland	Ashland
2	555	Lakeview Medical Center	Rice Lake	Barron
3	2005	Heartland Home Health Care & Hospice	Green Bay	Brown
4	1503	Unity Hospice	Green Bay	Brown
5	2004	VNA of Wisconsin Hospice-Green Bay	Green Bay	Brown
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	554	Calumet Medical Center Hospice	Chilton	Calumet
8	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
9	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
10	1505	Hospicecare Inc	Madison	Dane
11	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
12	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
13	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
14	516	Grant County Hospice	Lancaster	Grant
15	1523	The Monroe Clinic Hospice	Monroe	Green
16	545	Upland Hills Hospice	Dodgeville	Iowa
17	508	Rainbow Hospice Care Inc	Jefferson	Jefferson
18	1502	Hospice Alliance Inc	Kenosha	Kenosha
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
21	538	Lafayette County Hospice	Darlington	Lafayette
22	524	Le Royer Hospice	Antigo	Langlade
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
25	1514	Comfort Care & Hospice Services	Wausau	Marathon
26	2003	Heartland Home Health Care & Hospice	Brookfield	Milwaukee
27	525	Horizon Home Care & Hospice Inc	Brown Deer	Milwaukee
28	549	Hospice Preferred Choice	Greenfield	Milwaukee
29	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
33	547	Vitas Healthcare Corporation of Wisconsin	Wauwatosa	Milwaukee
34	553	Odyssey Healthcare of Milwaukee Inc	West Allis	Milwaukee
35	531	Hospice Touch	Tomah	Monroe
36	1509	Dr. Kate Hospice	Woodruff	Oneida
37	503	Ministry Home Care Inc	Stevens Point	Portage
38	552	Flambeau Home Health & Hospice	Phillips	Price
39	1525	Beloit Regional Hospice Inc	Beloit	Rock
40	544	Mercy Assisted Care Inc	Janesville	Rock
41	1521	Heartland Hospice	Hammond	St. Croix
42	1522	Home Health United Hospice Inc	Baraboo	Sauk
43	510	Shawano Community Hospice	Shawano	Shawano
44	532	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
45	529	VNA of WI Hospice-Sheboygan	Sheboygan	Sheboygan

## INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
46	1517	Hope Hospice & Palliative Care Inc	Rib Lake	Taylor
47	514	Vernon Memorial Hospice	Viroqua	Vernon
48	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
49	1504	TheDACare At Home	Neenah	Winnebago
50	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
51	1516	Ministry Home Care Hospice-Marshfield	Marshfield	Wood
52	562	Hospice of Dubuque	Dubuque	Out of State
53	537	St. Luke's Hospice Duluth	Duluth	Out of State
54	535	SMDC Hospice & Palliative Care	Duluth	Out of State
55	551	Marquette General Home Health & Hospice	Escanaba	Out of State
56	540	Red Wing Regional Hospice	Red Wing	Out of State
57	534	Mayo Hospice Program	Rochester	Out of State
58	548	Lakeview Hospice	Stillwater	Out of State
59	561	Winona Area Hospice	Winona	Out of State



## INDEX BY CITY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
22	524	Le Royer Hospice	Antigo	Langlade
1	526	Regional Hospice Services Inc	Ashland	Ashland
42	1522	Home Health United Hospice Inc	Baraboo	Sauk
11	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
39	1525	Beloit Regional Hospice Inc	Beloit	Rock
26	2003	Heartland Home Health Care & Hospice	Brookfield	Milwaukee
27	525	Horizon Home Care & Hospice Inc	Brown Deer	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	554	Calumet Medical Center Hospice	Chilton	Calumet
8	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
21	538	Lafayette County Hospice	Darlington	Lafayette
16	545	Upland Hills Hospice	Dodgeville	Iowa
52	562	Hospice of Dubuque	Dubuque	Out of State
53	537	St. Luke's Hospice Duluth	Duluth	Out of State
54	535	SMDC Hospice & Palliative Care	Duluth	Out of State
12	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
55	551	Marquette General Home Health & Hospice	Escanaba	Out of State
13	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
3	2005	Heartland Home Health Care & Hospice	Green Bay	Brown
4	1503	Unity Hospice	Green Bay	Brown
5	2004	VNA of Wisconsin Hospice-Green Bay	Green Bay	Brown
28	549	Hospice Preferred Choice	Greenfield	Milwaukee
41	1521	Heartland Hospice	Hammond	St. Croix
48	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
40	544	Mercy Assisted Care Inc	Janesville	Rock
17	508	Rainbow Hospice Care Inc	Jefferson	Jefferson
18	1502	Hospice Alliance Inc	Kenosha	Kenosha
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
20	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
14	516	Grant County Hospice	Lancaster	Grant
10	1505	Hospicecare Inc	Madison	Dane
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
51	1516	Ministry Home Care Hospice-Marshfield	Marshfield	Wood
29	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
15	1523	The Monroe Clinic Hospice	Monroe	Green
49	1504	Thedacare At Home	Neenah	Winnebago
50	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
38	552	Flambeau Home Health & Hospice	Phillips	Price
9	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
56	540	Red Wing Regional Hospice	Red Wing	Out of State
46	1517	Hope Hospice & Palliative Care Inc	Rib Lake	Taylor

## INDEX BY CITY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
2	555	Lakeview Medical Center	Rice Lake	Barron
57	534	Mayo Hospice Program	Rochester	Out of State
43	510	Shawano Community Hospice	Shawano	Shawano
44	532	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
45	529	VNA of WI Hospice-Sheboygan	Sheboygan	Sheboygan
37	503	Ministry Home Care Inc	Stevens Point	Portage
58	548	Lakeview Hospice	Stillwater	Out of State
35	531	Hospice Touch	Tomah	Monroe
47	514	Vernon Memorial Hospice	Viroqua	Vernon
25	1514	Comfort Care & Hospice Services	Wausau	Marathon
33	547	Vitas Healthcare Corporation of Wisconsin	Wauwatosa	Milwaukee
34	553	Odyssey Healthcare of Milwaukee Inc	West Allis	Milwaukee
59	561	Winona Area Hospice	Winona	Out of State
36	1509	Dr. Kate Hospice	Woodruff	Oneida

## INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
50	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
39	1525	Beloit Regional Hospice Inc	Beloit	Rock
6	557	Calumet County Hospice Agency	Chilton	Calumet
7	554	Calumet Medical Center Hospice	Chilton	Calumet
25	1514	Comfort Care & Hospice Services	Wausau	Marathon
29	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
36	1509	Dr. Kate Hospice	Woodruff	Oneida
38	552	Flambeau Home Health & Hospice	Phillips	Price
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
14	516	Grant County Hospice	Lancaster	Grant
20	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
26	2003	Heartland Home Health Care & Hospice	Brookfield	Milwaukee
3	2005	Heartland Home Health Care & Hospice	Green Bay	Brown
41	1521	Heartland Hospice	Hammond	St. Croix
11	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
42	1522	Home Health United Hospice Inc	Baraboo	Sauk
46	1517	Hope Hospice & Palliative Care Inc	Rib Lake	Taylor
27	525	Horizon Home Care & Hospice Inc	Brown Deer	Milwaukee
18	1502	Hospice Alliance Inc	Kenosha	Kenosha
28	549	Hospice Preferred Choice	Greenfield	Milwaukee
35	531	Hospice Touch	Tomah	Monroe
52	562	Hospice of Dubuque	Dubuque	Out of State
10	1505	Hospicecare Inc	Madison	Dane
21	538	Lafayette County Hospice	Darlington	Lafayette
58	548	Lakeview Hospice	Stillwater	Out of State
2	555	Lakeview Medical Center	Rice Lake	Barron
22	524	Le Royer Hospice	Antigo	Langlade
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
55	551	Marquette General Home Health & Hospice	Escanaba	Out of State
57	534	Mayo Hospice Program	Rochester	Out of State
40	544	Mercy Assisted Care Inc	Janesville	Rock
51	1516	Ministry Home Care Hospice-Marshfield	Marshfield	Wood
37	503	Ministry Home Care Inc	Stevens Point	Portage
12	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
34	553	Odyssey Healthcare of Milwaukee Inc	West Allis	Milwaukee
9	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
17	508	Rainbow Hospice Care Inc	Jefferson	Jefferson
56	540	Red Wing Regional Hospice	Red Wing	Out of State
1	526	Regional Hospice Services Inc	Ashland	Ashland
48	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
30	2002	Ruth Hospice	Milwaukee	Milwaukee
43	510	Shawano Community Hospice	Shawano	Shawano
13	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
8	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa

## INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
53	537	St. Luke's Hospice Duluth	Duluth	Out of State
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
54	535	SMDC Hospice & Palliative Care	Duluth	Out of State
44	532	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
15	1523	The Monroe Clinic Hospice	Monroe	Green
49	1504	Thedacare At Home	Neenah	Winnebago
4	1503	Unity Hospice	Green Bay	Brown
16	545	Upland Hills Hospice	Dodgeville	Iowa
45	529	VNA of WI Hospice-Sheboygan	Sheboygan	Sheboygan
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
5	2004	VNA of Wisconsin Hospice-Green Bay	Green Bay	Brown
47	514	Vernon Memorial Hospice	Viroqua	Vernon
33	547	Vitas Healthcare Corporation of Wisconsin	Wauwatosa	Milwaukee
59	561	Winona Area Hospice	Winona	Out of State

## INDEX BY LICENSE

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
37	503	Ministry Home Care Inc	Stevens Point	Portage
17	508	Rainbow Hospice Care Inc	Jefferson	Jefferson
43	510	Shawano Community Hospice	Shawano	Shawano
47	514	Vernon Memorial Hospice	Viroqua	Vernon
14	516	Grant County Hospice	Lancaster	Grant
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
22	524	Le Royer Hospice	Antigo	Langlade
27	525	Horizon Home Care & Hospice Inc	Brown Deer	Milwaukee
1	526	Regional Hospice Services Inc	Ashland	Ashland
48	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
20	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
45	529	VNA of WI Hospice-Sheboygan	Sheboygan	Sheboygan
35	531	Hospice Touch	Tomah	Monroe
44	532	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
57	534	Mayo Hospice Program	Rochester	Out of State
54	535	SMDC Hospice & Palliative Care	Duluth	Out of State
53	537	St. Luke's Hospice Duluth	Duluth	Out of State
21	538	Lafayette County Hospice	Darlington	Lafayette
56	540	Red Wing Regional Hospice	Red Wing	Out of State
40	544	Mercy Assisted Care Inc	Janesville	Rock
16	545	Upland Hills Hospice	Dodgeville	Iowa
33	547	Vitas Healthcare Corporation of Wisconsin	Wauwatosa	Milwaukee
58	548	Lakeview Hospice	Stillwater	Out of State
28	549	Hospice Preferred Choice	Greenfield	Milwaukee
55	551	Marquette General Home Health & Hospice	Escanaba	Out of State
38	552	Flambeau Home Health & Hospice	Phillips	Price
34	553	Odyssey Healthcare of Milwaukee Inc	West Allis	Milwaukee
7	554	Calumet Medical Center Hospice	Chilton	Calumet
2	555	Lakeview Medical Center	Rice Lake	Barron
29	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
6	557	Calumet County Hospice Agency	Chilton	Calumet
59	561	Winona Area Hospice	Winona	Out of State
52	562	Hospice of Dubuque	Dubuque	Out of State
18	1502	Hospice Alliance Inc	Kenosha	Kenosha
4	1503	Unity Hospice	Green Bay	Brown
49	1504	TheDACare At Home	Neenah	Winnebago
10	1505	Hospicecare Inc	Madison	Dane
19	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
24	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
36	1509	Dr. Kate Hospice	Woodruff	Oneida
13	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
9	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
25	1514	Comfort Care & Hospice Services	Wausau	Marathon
51	1516	Ministry Home Care Hospice-Marshfield	Marshfield	Wood
46	1517	Hope Hospice & Palliative Care Inc	Rib Lake	Taylor

## INDEX BY LICENSE

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
11	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
12	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
41	1521	Heartland Hospice	Hammond	St. Croix
42	1522	Home Health United Hospice Inc	Baraboo	Sauk
15	1523	The Monroe Clinic Hospice	Monroe	Green
8	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
39	1525	Beloit Regional Hospice Inc	Beloit	Rock
50	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
23	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
26	2003	Heartland Home Health Care & Hospice	Brookfield	Milwaukee
5	2004	VNA of Wisconsin Hospice-Green Bay	Green Bay	Brown
3	2005	Heartland Home Health Care & Hospice	Green Bay	Brown